

<i>SERFF Tracking Number:</i>	<i>AFLA-126318884</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>43879</i>
<i>Company Tracking Number:</i>	<i>A64000 LIFE</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Life

SERFF Tr Num: AFLA-126318884 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: A64000 LIFE

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Connie Gates, Leslie
Steele

Disposition Date: 10/28/2009

Date Submitted: 10/23/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Similar versions of these forms have been filed through the Interstate Insurance Product Regulatory Commission (IIPRC) for Nebraska, our state of domicile, on September 22, 2009.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/28/2009

Explanation for Other Group Market Type:

State Status Changed: 10/28/2009

Deemer Date:

Created By: Leslie Steele

Submitted By: Leslie Steele

Corresponding Filing Tracking Number:

Filing Description:

Referenced forms are submitted for your review and approval. Similar versions of these forms have been filed through the Interstate Insurance Product Regulatory Commission (IIPRC) for Nebraska, our state of domicile, on September 22, 2009.

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

Policy Form A64100AR is a Whole Life Policy. The policy has an Accelerated Death Benefit and a Waiver of Premium Benefit. Proceeds are payable at death. No dividends are payable. The Accelerated Death Benefit is payable for a Terminal Condition and is equal to 50% of the original amount of insurance. A Terminal Condition is defined as a medical condition which will cause the Named Insured to die within 12 months of the date of diagnosis. The nonforfeiture options are Cash Surrender, Reduced Paid-Up Life Insurance and Extended-Term Insurance. An automatic premium loan is available when requested through a written request to our worldwide headquarters. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 70.

Policy Form A64200AR is a 10-Year Term Policy. The policy contains an Accelerated Death Benefit and a Waiver of Premium Benefit. The policy also has a conversion privilege. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 70.

Policy Form A64300AR is a 20-Year Term Policy. The policy has an Accelerated Death Benefit and a Waiver of Premium Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 60.

Policy Form A64400AR is a 20-Year Term Policy with a Return of Premium Benefit. The policy has an Accelerated Death Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The nonforfeiture options are Cash Surrender and Reduced Paid-Up Life Insurance. The policy will be marketed through our field force to non-tobacco users on a payroll or union basis only to applicants age 18 through 50.

Policy Form A64500AR is a 30-Year Term Policy. The policy has an Accelerated Death Benefit and a Waiver of Premium Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 50.

Policy Form A64600AR is a 30-Year Term Policy with a Return of Premium Benefit. The policy has an Accelerated Death Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The nonforfeiture options are Cash Surrender and Reduced Paid-Up Life Insurance. The policy will be marketed through our field force to non-tobacco users on a payroll or union basis only to applicants age 18 through 40.

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

Rider Form A64050 is a Spouse 10-Year Term Life Insurance Rider. This is an optional rider that may be purchased with the Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, 30-Year Term Policy Form A64500AR, 30-Year Term Policy With a Return of Premium Benefit Form A64600AR (all referenced policies). Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll or union basis only to applicants age 18 through 70.

Rider Form A64051 is a Spouse 20-Year Term Life Insurance Rider. This is an optional rider that may be purchased with the 20-Year Term Policy Form A64300AR and 20-Year Term Policy With a Return of Premium Benefit Form A64400AR. The rider also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll or union basis only to applicants age 18 through 60.

Rider Form A64052 is a Spouse 30-Year Term Life Insurance Rider. This is an optional rider that may be purchased with the 30-Year Term Policy Form A64500AR and 30-Year Term Policy With a Return of Premium Benefit Form A64600AR. The rider also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll or union basis only to applicants age 18 through 50.

Rider Form A64053 is a Child Term Life Insurance Rider. This is an optional rider that may be purchased with the Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, 30-Year Term Policy Form A64500AR, 30-Year Term Policy With a Return of Premium Benefit Form A64600AR (all referenced policies). Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants with dependent children at least 14 days old and younger than 18 years old.

Rider Form A64054 is an Accidental-Death Benefit Rider and is available for purchase with any of the above policies. This rider is available to the Named Insured only.

Exclusion Rider Form A64055 will be issued in the event any person is excluded from coverage due to participation in certain avocations.

Exclusion Rider Form A64056 will be issued in the event any person is excluded from coverage.

Payroll Application Forms A64001AR and A64001NAR will be used to make application for any of the policies and are self-explanatory.

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

Nonpayroll Application Forms A64002AR and A64002NAR will be used to make application for the Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, and 30-Year Term Policy Form A64500AR, and are self-explanatory.

Union Application Forms A64002UAR and A64002UNAR will be used to make application for any of the policies and are self-explanatory.

The only difference between the applications without an "N" in the form number and the applications with an "N" in the form number is that the "N" forms do not contain a certification statement by the associate/agent. The "N" applications will be used in situations where the associate/agent is unable to be present at the time of application.

Application for Reinstatement/Change Form A64003AR will be used to reinstate or add additional persons to the policies and is self explanatory.

Temporary Life Insurance Agreement for Life Insurance Form A64016 will be used on a direct basis only when premium has been collected at the time of application.

Effect of Acceleration of a Benefit Form A64130 will be given to each applicant at the time of application. This form is to be used with the Whole Life Policy Form A64100AR.

Benefit Payment Notice Form A64131 will be completed and given to the policyholder at the time of claim. This form is to be used with the Whole Life Policy Form A64100AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, and 30-Year Term Policy With a Return of Premium Benefit Form A64600AR. It illustrates the effect any advanced payment benefit will have on other policy benefits.

Effect of Acceleration of a Benefit Form A64230 will be given to each applicant at the time of application. This notice is to be used with the Term Life Policy Forms A64200AR, A64300AR, and A64500AR.

Benefit Payment Notice Form A64231 will be completed and given to the policyholder at the time of claim. This notice is to be used with the Term Life Policy Forms A64200AR, A64300AR, and A64500AR. It illustrates the effect any advanced payment benefit will have on other policy benefits.

Effect of Acceleration of a Benefit Form A64430 will be given to each applicant at the time of application. This form is to be used with the 20-Year Term Policy With a Return of Premium Benefit Form A64400AR and 30-Year Term Policy With a Return of Premium Benefit Form A64600AR.

Replacement Notice Form A4166ARR, previously approved on July 22, 2009, will be used in conjunction with the

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

policies in the event coverage is issued as a replacement to existing coverage.

I certify that the forms submitted herewith meet the requirements of Arkansas Rule and Regulation 17, 19, and 49 as well as meeting the requirements of the Arkansas Insurance Department.

I further certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores are as follows:

FLESCH Score	Grade Level
Policy Form A64100AR	50.000 10
Policy Form A64200AR	50.373 10
Policy Form A64300AR	51.787 10
Policy Form A64400AR	56.977 10
Policy Form A64500AR	50.096 10
Policy Form A64600AR	51.631 10
Rider Form A64050	89.805 3
Rider Form A64051	87.895 3
Rider Form A64052	85.632 3
Rider Form A64053	91.950 3
Rider Form A64054	71.985 6
Rider Form A64055	90.630 2
Rider Form A64056	96.588 1
Payroll Application Form A64001AR	58.674 8
Payroll Application Form A64001NAR	58.674 8
Nonpayroll Application Form A64002AR	53.877 10
Nonpayroll Application Form A64002NAR	53.877 10
Union Application Form A64002UAR	56.866 8
Union Application Form A64002UNAR	56.866 8
Application for Reinstatement/Change Form A64003AR	72.974 5
Temporary Life Insurance Agreement for Life Insurance Form A64016	67.891 6
Effect of Acceleration of a Benefit Form A64130	66.584 6
Benefit Payment Notice A64131	68.386 5
Effect of Acceleration of a Benefit Form A64230	68.335 6
Benefit Payment Notice A64231	63.847 6
Effect of Acceleration of a Benefit Form A64430	66.110 7

SERFF Tracking Number: AFLA-126318884 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
 Company Tracking Number: A64000 LIFE
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Life
 Project Name/Number: /

An actuarial memorandum with rate structure, a statement of policy costs and benefit information, a worksheet for calculating cost indexes and a cost comparison disclosure are enclosed for your review.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at lmsteele@aflac.com.

Company and Contact

Filing Contact Information

Leslie Steele, Policy Analyst lmsteele@aflac.com
 1932 Wynnton Road 706-596-2971 [Phone]
 Columbus, GA 31999 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska
 1932 Wynnton Road Group Code: Company Type: Life and Health
 Columbus, GA 31999 Group Name: State ID Number:
 (706) 323-3431 ext. [Phone] FEIN Number: 58-0663085

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation: 6 Policy X \$50 = \$300.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>AFLA-126318884</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>43879</i>
<i>Company Tracking Number:</i>	<i>A64000 LIFE</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		
American Family Life Assurance Company of Columbus	\$300.00	10/23/2009	31510111

<i>SERFF Tracking Number:</i>	<i>AFLA-126318884</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>43879</i>
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<i>Product Name:</i>	<i>Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/28/2009	10/28/2009

<i>SERFF Tracking Number:</i>	<i>AFLA-126318884</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>43879</i>
<i>Company Tracking Number:</i>	<i>A64000 LIFE</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	
Supporting Document	Application	Yes	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	Policy Cost and Benefit Information	Yes	
Form	Whole Life Policy	Yes	
Form	10-Year Term Policy	Yes	
Form	20-Year Term Policy	Yes	
Form	20-Year Term Policy With a Return of Premium Benefit	Yes	
Form	30-Year Term Policy	Yes	
Form	30-Year Term Policy With a Return of Premium Benefit	Yes	
Form	Spouse Term Life Insurance Rider	Yes	
Form	Spouse Term Life Insurance Rider	Yes	
Form	Spouse Term Life Insurance Rider	Yes	
Form	Child Term Life Insurance Rider	Yes	
Form	Accidental-Death Benefit Rider	Yes	
Form	Exclusion Rider	Yes	
Form	Exclusion Rider	Yes	
Form	Payroll Application	Yes	
Form	Payroll Application	Yes	
Form	Nonpayroll Application	Yes	
Form	Nonpayroll Application	Yes	
Form	Union Application	Yes	
Form	Union Application	Yes	
Form	Application for Life Insurance	Yes	
Form	Temporary Life Insurance Agreement for Life Insurance	Yes	
Form	The Effect of Acceleration of a Benefit	Yes	

<i>SERFF Tracking Number:</i>	<i>AFLA-126318884</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>43879</i>
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<i>Product Name:</i>	<i>Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Form	Benefit Payment Notice	Yes
Form	The Effect of Acceleration of a Benefit	Yes
Form	Benefit Payment Notice	Yes
Form	The Effect of Acceleration of a Benefit	Yes

SERFF Tracking Number: AFLA-126318884 State: Arkansas

Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879

Company Tracking Number: A64000 LIFE

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Life

Project Name/Number: /

Form Schedule

Lead Form Number: A64100AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A64100AR	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		50.000	A64100AR.pdf
	A64200AR	Policy/Cont 10-Year Term Policy ract/Fratern al Certificate	Initial		50.373	A64200AR.pdf
	A64300AR	Policy/Cont 20-Year Term Policy ract/Fratern al Certificate	Initial		51.787	A64300AR.pdf
	A64400AR	Policy/Cont 20-Year Term Policy ract/Fratern With a Return of al Premium Benefit Certificate	Initial		56.977	A64400AR.pdf
	A64500AR	Policy/Cont 30-Year Term Policy ract/Fratern al Certificate	Initial		50.096	A64500AR.pdf
	A64600AR	Policy/Cont 30-Year Term Policy ract/Fratern With a Return of al Premium Benefit Certificate	Initial		51.631	A64600AR.pdf
	A64050	Policy/Cont Spouse Term Life ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert	Initial		89.805	A64050.pdf

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

	Page, Endorsement or Rider			
A64051	Policy/Cont Spouse Term Life ract/Fratern Insurance Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	87.895	A64051.pdf
A64052	Policy/Cont Spouse Term Life ract/Fratern Insurance Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	85.632	A64052.pdf
A64053	Policy/Cont Child Term Life ract/Fratern Insurance Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	91.950	A64053.pdf
A64054	Policy/Cont Accidental-Death ract/Fratern Benefit Rider al Certificate: Amendment, Insert Page,	Initial	71.985	A64054.pdf

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

	Endorsement or Rider			
A64055	Policy/Cont Exclusion Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	90.630	A64055.pdf
A64056	Policy/Cont Exclusion Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	96.588	A64056.pdf
A64001AR	Application/ Payroll Application Enrollment Form	Initial	58.674	A64001AR.pdf
A64001NAR	Application/ Payroll Application Enrollment Form	Initial	58.674	A64001NAR.pdf
A64002AR	Application/ Nonpayroll Enrollment Application Form	Initial	53.877	A64002AR.pdf
A64002NAR	Application/ Nonpayroll Enrollment Application Form	Initial	53.877	A64002NAR.pdf
A64002UAR	Application/ Union Application Enrollment Form	Initial	56.866	A64002UAR.pdf
A64002UNAR	Application/ Union Application Enrollment	Initial	56.866	A64002UNAR.pdf

SERFF Tracking Number: AFLA-126318884 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 43879
Company Tracking Number: A64000 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life
Project Name/Number: /

A64003AR	Form	Application/ Application for Life Enrollment Insurance	Initial	72.974	A64003AR.pdf
A64016	Form	Application/ Temporary Life Enrollment Insurance Agreement	Initial	67.891	A64016.pdf
A64130	Other	for Life Insurance The Effect of Acceleration of a Benefit	Initial	66.584	A64130.pdf
A64131	Other	Benefit Payment Notice	Initial	68.368	A64131.pdf
A64230	Other	The Effect of Acceleration of a Benefit	Initial	68.335	A64230.pdf
A64231	Other	Benefit Payment Notice	Initial	63.847	A64231.pdf
A64430	Other	The Effect of Acceleration of a Benefit	Initial	66.110	A64430.pdf

**WHOLE LIFE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT**

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

NOTICE: The Accelerated Death Payment may be taxable. As with all tax matters, you should consult a personal tax advisor to assess the impact of this payment.

Any Accelerated Death Payment will automatically establish a Lien against the policy. Aflac shall hold the Lien as a debt against the death benefit, policy benefits, Cash Values, any outstanding policy loans, and/or any other policy Liens in existence under the policy. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge. A disclosure statement showing the effect that such payment will have on policy benefits and other values will be sent to the policy Owner and irrevocable Beneficiary, if any, upon receipt by Aflac of a request for an Accelerated Death Payment.

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**THIS IS A WHOLE LIFE INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).

Visit our Web site at aflac.com.]

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:**

ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION

1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904

Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]

POLICY SCHEDULE
WHOLE LIFE INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT

Named Insured:	John Doe	Policy Number:	A1122345
Age at Issue:	35	Loan Interest Rate:	7.40%
		Reinstatement Interest Rate:	6%
Policy Effective Date:	June 1, 2010	Maturity Date:	June 1, 2075
Classification:	Nontobacco	Face Amount of Insurance:	\$50,000

<u>Benefits as Specified in the Policy and in Any Rider:</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Whole Life Insurance Policy With Accelerated Benefits	\$642.72	65 years
Accidental-Death Benefit Rider (Named Insured ONLY)	\$62.40	Until policy Terminates or on rider anniversary following your 75th birthday
Spouse Term Life Insurance Rider	\$46.80	10 years
Name: Jane Doe Age at Issue: 35 Face Amount of Insurance: \$25,000 Effective Date: June 1, 2010 Classification: Nontobacco		
Child Term Life Insurance Rider	\$62.40	The youngest insured child's 25th birthday
Face Amount of Insurance: \$12,500 Effective Date: June 1, 2010		
Total Annual Premium:	\$814.32	
Modal Premium: Quarterly	\$203.58	

TABLE OF GUARANTEED POLICY VALUES

Values for the policy amount of insurance shown in the Policy Schedule

Policy Year Ending On	Cash Value	Paid-Up Insurance	Extended-Term	
			<u>Years</u>	<u>Days</u>
June 1, 2011	\$ 0.00	\$ 0.00	0	0
June 1, 2012	\$ 0.00	\$ 0.00	0	0
June 1, 2013	\$ 187.10	\$ 1,110.52	2	309
June 1, 2014	\$ 622.00	\$ 3,538.61	7	329
June 1, 2015	\$ 1,075.20	\$ 5,863.31	11	310
June 1, 2016	\$ 1,546.30	\$ 8,083.98	14	297
June 1, 2017	\$ 2,035.40	\$ 10,203.44	16	349
June 1, 2018	\$ 2,541.90	\$ 12,222.01	18	228
June 1, 2019	\$ 3,065.50	\$ 14,142.36	19	314
June 1, 2020	\$ 3,606.40	\$ 15,969.37	20	290
June 1, 2021	\$ 4,164.70	\$ 17,707.26	21	195
June 1, 2022	\$ 4,741.70	\$ 19,363.77	22	51
June 1, 2023	\$ 5,340.40	\$ 20,949.59	22	227
June 1, 2024	\$ 5,964.00	\$ 22,473.71	22	359
June 1, 2025	\$ 6,612.30	\$ 23,935.91	23	82
June 1, 2026	\$ 7,284.10	\$ 25,334.32	23	137
June 1, 2027	\$ 7,978.10	\$ 26,668.39	23	165
June 1, 2028	\$ 8,692.90	\$ 27,938.10	23	169
June 1, 2029	\$ 9,427.70	\$ 29,145.25	23	152
June 1, 2030	\$ 10,179.30	\$ 30,288.41	23	113
Age 60	\$ 14,206.10	\$ 35,196.73	22	47
Age 65	\$ 18,616.30	\$ 38,979.52	20	103

RESERVE INTEREST RATE : 4.00%
NONFORFEITURE INTEREST RATE: 5.00%

INDEX

Definitions.....	Part 1
Payment of Proceeds	Part 2
Accelerated Death Payment.....	Part 3
Waiver of Premium Benefit.....	Part 4
Guaranteed Values	Part 5
General Information.....	Part 6
Ownership of the Policy.....	Part 7
Premiums	Part 8
Reinstatement	Part 9
Beneficiary.....	Part 10

This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

ATTAINED AGE: the Named Insured's Age at Issue plus the number of completed policy years since the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

CASH VALUE: the value shown in the Table of Guaranteed Policy Values. The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by the policy.

IMMEDIATE FAMILY: anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.

INDEBTEDNESS: all existing due and unpaid premiums, loans, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under its terms.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits, death benefits, Cash Values, and/or policy loans that are established as a result of your Indebtedness to us.

LOAN VALUE: the maximum amount that may be borrowed under the loan provisions.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The Named Insured is not the person insured in any spouse or child rider.

OWNER: the Named Insured is the Owner of this policy, unless otherwise indicated on the application or unless a change of ownership has been made.

PHYSICIAN: a person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date the Named Insured signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

TOTAL DISABILITY or TOTALLY DISABLED: any disability that results from an accidental injury or disease that requires the care of a licensed Physician and continuously prevents the Named Insured from engaging in an occupation. During the first 24 months of Total Disability, "occupation" means the Named Insured's regular occupation. After 24 months, it means any occupation for which the Named Insured is reasonably suited by education, training, or experience.

Also, we will consider the Named Insured's total and irrevocable loss of:

- The sight of both eyes,
- The use of both hands,
- The use of both feet, or
- The use of one hand and one foot

as a Total Disability, even if the Named Insured engages in an occupation.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2 **PAYMENT OF PROCEEDS**

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus any amounts of insurance provided by any applicable In-Force Named Insured-only rider(s) attached to this policy,
- Plus a refund of any portion of premium paid for a period beyond the date of death,
- Less any premium due,
- Less any Accelerated Death Payment previously paid, and
- Less the amount of any Indebtedness.

We will not refund any premiums waived on this policy under the Waiver of Premium Benefit as part of the death benefit.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

Part 3

ACCELERATED DEATH PAYMENT

WHAT IS AN ACCELERATED DEATH PAYMENT? It is the amount requested to be paid to you as a result of the Named Insured's having a Terminal Condition. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge.

WHAT IS A TERMINAL CONDITION? It is a condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

WHAT DOES THIS PAYMENT PROVIDE? We will pay you, for the Named Insured's Terminal Condition, an Accelerated Death Payment of 50% of the original amount of insurance shown in the Policy Schedule. We will make only one Accelerated Death Payment under this policy.

IS THERE AN ADMINISTRATIVE CHARGE FOR THIS PAYMENT? An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment.

WHAT IS THE EFFECT ON THE POLICY AFTER THE ACCELERATED DEATH PAYMENT HAS BEEN MADE? When an Accelerated Death Payment is made under this policy, a Lien will automatically attach to the death benefit, policy benefits, Cash Values, any outstanding policy loans, and/or any other policy Liens in existence under the policy. This Lien will limit the amount available for any surrender or policy loans. Cash Values and policy loans will be available only to the extent that the Cash Value less the Lien exceeds any loan balance. Upon the death of the Named Insured, we will deduct the Lien amount from any Proceeds.

IS A TERMINAL CONDITION DIAGNOSIS REQUIRED? We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, or if outside the United States, within the territorial limits of the place where your policy was issued, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

Part 4

WAIVER OF PREMIUM BENEFIT

WHAT DOES THIS BENEFIT PROVIDE? After the Named Insured is Totally Disabled for six continuous months, we will not require you to pay any premium due on this policy as long as the

Named Insured meets the definition of Totally Disabled and furnishes evidence satisfactory to us that the Named Insured's Total Disability:

- Commenced before the policy anniversary date following the Named Insured's 65th birthday,
- Began while this policy was In Force, and
- Was continuous for six months or more.

WHAT RISKS ARE NOT ASSUMED? We will not waive premiums if Total Disability is due to:

- Intentional self-inflicted injury, while sane or insane; or
- Insurrection or war, declared or undeclared, or any act incident thereto.

ON WHAT BASIS WILL PREMIUMS BE WAIVED? Premiums due will be determined based on the frequency of premium payment in effect on the day Total Disability began. Premiums due after the Named Insured became Totally Disabled, but before we approve the required proof of Total Disability, must be paid. After we approve the proof of Total Disability, we will refund any premiums paid during the preceding policy year, provided such premiums were due after the Named Insured became Totally Disabled.

We will stop waiving premiums at the earliest of:

- The date Total Disability ends,
- The date the Named Insured fails to furnish required proof of Total Disability,
- The date the policy Terminates, or
- The policy anniversary date following the Named Insured's 75th birthday.

WHEN MUST THE NAMED INSURED NOTIFY US? We must receive written notice of the Total Disability at Aflac Worldwide Headquarters:

- While the Named Insured is living and Totally Disabled, and
- Within one year after this policy Terminates, or
- Within one year after the due date of any premium that is requested of us to waive or refund.

However, failure to give us notice within the time provided will not affect the claim if it is shown that notice was given as soon as reasonably possible.

We must be notified as soon as the Total Disability ends.

WHAT PROOF WILL BE REQUIRED? The Named Insured must furnish proof satisfactory to us that he or she is Totally Disabled before we will waive or refund any premiums. We may from time to time require additional proof satisfactory to us that the Named Insured continues to be Totally Disabled. We may also require one or more physical examinations of the Named Insured at our expense. However, we will not require a physical examination more frequently than once a year if the Total Disability has lasted for two years.

WHAT IF TOTAL DISABILITY BEGINS DURING THE GRACE PERIOD AND A PREMIUM IS DUE? We will charge interest at the rate of 6% per year on the premium due until it is paid. If the Named Insured dies before it is paid, we will deduct the unpaid premium and interest from the Proceeds of the policy.

WHEN IS THE BENEFIT INCONTESTABLE? We may contest Total Disability at any time and for any cause.

WILL POLICY BENEFITS BE AFFECTED? The waiver of premiums will not reduce the amount payable under any settlement of the policy.

WHEN DOES THE WAIVER OF PREMIUM BENEFIT TERMINATE? The Waiver of Premium Benefit contained in this policy will Terminate on the policy anniversary date following the Named Insured's 75th birthday.

Part 5

GUARANTEED VALUES

The Cash Values shown in the Table of Guaranteed Policy Values assume no Indebtedness. The value between any two consecutive policy anniversaries shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive anniversaries. The values may be borrowed, used to provide paid-up life or extended-term insurance, or taken in cash upon surrender of this policy, subject to the following provisions.

ARE LOANS AVAILABLE? After this policy accumulates a Cash Value, we will make a loan subject to the following conditions:

- The maximum amount loaned will be the Cash Value of this policy at the end of the policy year in which the loan is made:
 - less any existing loan,
 - less interest on the amount of the loan to the end of the policy year, and
 - less premiums payable under this policy to the end of the policy year.
- Interest at the loan interest rate shown in the Policy Schedule must be paid annually in advance on the loan. Interest not paid when due will be added to the loan and will bear interest at the same rate.
- The loan must be secured by satisfactory assignment of this policy. The loan will constitute a first Lien on this policy in our favor.

Unless the loan has been repaid under a nonforfeiture option, any part of the loan may be repaid during the Named Insured's lifetime. Failure to repay the loan will not Terminate this policy unless the loan exceeds the Loan Value of this policy and until 31 days after we have mailed notice of Termination to your last known address and any assignee of record.

CAN THERE BE AUTOMATIC PREMIUM LOANS? If this Guaranteed Values provision is effective, any premium that remains unpaid at the end of the grace period will be paid by automatic loan subject to the following conditions:

- If the Loan Value of this policy is insufficient to pay the premium, the next smaller premium payable, but never less than the quarterly premium, will be paid by automatic loan. If the Loan

Value of this policy is insufficient to pay a premium under this provision, no automatic loan will be made, and this policy will Lapse, subject to the nonforfeiture provisions.

- If on a policy anniversary the two premiums due immediately before that anniversary have been paid by automatic loan, we may change the frequency of premium payment to annual, provided the Loan Value of this policy is sufficient to pay the annual premium.
- The automatic premium loan will be subject to the Guaranteed Values provision.

WHAT ARE THE NONFORFEITURE PROVISIONS? After this policy accumulates a Cash Value, if any premium remains unpaid after the grace period, this policy may be continued or surrendered under one of the following options:

Option 1. Cash Surrender – This policy may be surrendered for its net Cash Value.

Option 2. Reduced Paid-Up Life Insurance – This policy may be continued from the due date of the unpaid premium as nonparticipating paid-up life insurance for a reduced amount. The amount of insurance will be determined by applying the net Cash Value as a net single premium at the Named Insured's Attained Age for such insurance.

Option 3. Extended-Term Insurance – This policy may be continued from the due date of the unpaid premium as nonparticipating extended-term insurance. The amount of extended-term insurance will be the amount of insurance then In Force less any Indebtedness. Extended-term insurance will be continued for the period that the net Cash Value will purchase when applied at the Named Insured's Attained Age as a net single premium. If the term will extend beyond the Named Insured's attaining age 100, reduced paid-up life insurance will be purchased instead.

The following conditions will apply:

- You may select one of the options above by written notice filed at Aflac Worldwide Headquarters.
- If no option is selected, Option 3 will apply.
- No insurance continued under Option 2 or 3 will include any rider benefits provided by any other benefit made part of this policy.
- Any insurance provided under Option 2 or 3 may be surrendered for its net Cash Value. If the surrender is made within 31 days after any policy anniversary, the Cash Value will not be less than its Cash Value on that anniversary.
- Option 1 may be selected in writing within three months following the due date of the unpaid premium. The policy will Terminate upon payment of Cash Value.

WHEN WILL THE CASH VALUE AND LOANS BE PAID? We may delay the payment of the Cash Value or the making of a loan for a period of not more than six months after we receive Written Request for the Cash Value or loan. This provision will not apply to any loan made to pay premiums due us.

WHAT IS THE BASIS OF COMPUTATION? Nonforfeiture values are based on the 2001 Commissioners' Standard Ordinary Mortality Table and on the nonforfeiture interest rate shown in the Table of Guaranteed Policy Values.

Cash Values and nonforfeiture benefits are not less than the minimum values or benefits required by the law of the state in which this policy is delivered. Values are calculated assuming the basic life benefit is payable at death and premiums are paid annually in advance. The Cash Values appear in the Table of Guaranteed Policy Values. Values for years beyond those shown may be obtained on request.

The method of computation of Cash Values and nonforfeiture benefits has been filed as required with the insurance department of the state in which this policy is delivered. The Cash Value is calculated by the standard nonforfeiture method using the annual nonforfeiture factors.

The value of any paid-up life or extended-term insurance is the net single premium then required for such insurance.

Part 6 **GENERAL INFORMATION**

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, any attached rider(s), and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE OR SEX HAS BEEN MISSTATED? If the Named Insured's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 7

OWNERSHIP OF THE POLICY

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 8

PREMIUMS

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at our worldwide headquarters. You may change the frequency of the premium payments, subject to our approval.

When premiums due under a rider are no longer required, we will reduce the premium by that amount.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31-day period immediately following the date it is due. These 31 days are called the "grace period." If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 9

REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses, unless the policy is surrendered for the Cash Value. To Reinstatement, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 10 **BENEFICIARY**

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

**THIS IS A WHOLE LIFE INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

**10-YEAR TERM POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT**

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

NOTICE: The Accelerated Death Payment may be taxable. As with all tax matters, you should consult a personal tax advisor to assess the impact of this payment.

Any Accelerated Death Payment will automatically establish a Lien against the policy. Aflac shall hold the Lien as a debt against the death benefit and policy benefits. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge. A disclosure statement showing the effect that such payment will have on policy benefits and other values will be sent to the policy Owner and irrevocable Beneficiary, if any, upon receipt by Aflac of a request for an Accelerated Death Payment.

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**THIS IS A 10-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. THE POLICY HAS A CONVERSION PRIVILEGE.**

PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).

Visit our Web site at aflac.com.]

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:**

**ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]**

**POLICY SCHEDULE
10-YEAR LEVEL TERM POLICY
WITH AN ACCELERATED DEATH BENEFIT AND A WAIVER OF PREMIUM BENEFIT**

Named Insured:	John Doe	Policy Effective Date:	June 1, 2010
Age at Issue:	35	Term Expiration Date:	June 1, 2020
Policy Number:	A1122345	Reinstatement Interest Rate:	6%
Classification:	Nontobacco	Face Amount of Insurance:	\$50,000

<u>Benefits as Specified in the Policy and in Any Rider:</u>	<u>Annual Premium</u>	<u>Premium Period</u>
10-Year Level Term Policy	\$143.52	10 years
Accidental-Death Benefit Rider (Named Insured ONLY)	\$62.40	Until policy Terminates or on rider anniversary following your 75th birthday
Spouse Term Life Insurance Rider		
Name: Jane Doe	\$46.80	10 years
Age at Issue: 35		
Face Amount of Insurance: \$25,000		
Effective Date: June 1, 2010		
Classification: Nontobacco		
Child Term Life Insurance Rider		
Face Amount of Insurance: \$12,500	\$62.40	The earlier of:
Effective Date: June 1, 2010		The youngest insured child's 25th birthday or the end of the term period.
Total Annual Premium:	\$315.12	
Modal Premium: Monthly	\$26.26	

INDEX

Definitions.....	Part 1
Payment of Proceeds	Part 2
Accelerated Death Payment.....	Part 3
Waiver of Premium Benefit.....	Part 4
General Information.....	Part 5
Ownership of the Policy.....	Part 6
Premiums	Part 7
Conversion	Part 8
Reinstatement	Part 9
Beneficiary.....	Part 10

This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

IMMEDIATE FAMILY: anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.

INDEBTEDNESS: all existing due and unpaid premiums, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under its terms.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits and death benefits that are established as a result of your Indebtedness to us.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The Named Insured is not the person insured in any spouse or child rider.

OWNER: the Named Insured is the Owner of this policy, unless otherwise indicated on the application or unless a change of ownership has been made.

PHYSICIAN: a person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date the Named Insured signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy.

REINSTATE: to restore coverage after this policy has Lapsed.

TERM EXPIRATION DATE: the date shown in the Policy Schedule. The Named Insured's term period is 10 years.

TERMINATE: to end this policy.

TOTAL DISABILITY or TOTALLY DISABLED: any disability that results from an accidental injury or disease that requires the care of a licensed Physician and continuously prevents the Named Insured from engaging in an occupation. During the first 24 months of Total Disability, "occupation" means the Named Insured's regular occupation. After 24 months, it means any occupation for which the Named Insured is reasonably suited by education, training, or experience.

Also, we will consider the Named Insured's total and irrevocable loss of:

- The sight of both eyes,
- The use of both hands,
- The use of both feet, or
- The use of one hand and one foot

as a Total Disability, even if the Named Insured engages in an occupation.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2 **PAYMENT OF PROCEEDS**

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus any amounts of insurance provided by any applicable In-Force Named Insured-only rider(s) attached to this policy,
- Plus a refund of any portion of premium paid for a period beyond the date of death,
- Less any premium due,
- Less any Accelerated Death Payment previously paid, and
- Less the amount of any Indebtedness.

We will not refund any premiums waived on this policy under the Waiver of Premium Benefit as part of the death benefit.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the Form A64200AR

proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

Part 3

ACCELERATED DEATH PAYMENT

WHAT IS AN ACCELERATED DEATH PAYMENT? It is the amount requested to be paid to you as a result of the Named Insured's having a Terminal Condition. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge.

WHAT IS A TERMINAL CONDITION? It is a condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

WHAT DOES THIS PAYMENT PROVIDE? We will pay you, for the Named Insured's Terminal Condition, an Accelerated Death Payment of 50% of the original amount of insurance shown in the Policy Schedule. We will make only one Accelerated Death Payment under this policy.

IS THERE AN ADMINISTRATIVE CHARGE FOR THIS PAYMENT? An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment.

WHAT IS THE EFFECT ON THE POLICY AFTER THE ACCELERATED DEATH PAYMENT HAS BEEN MADE? When an Accelerated Death Payment is made under this policy, a Lien will automatically attach to the death benefit and policy benefits. Upon the death of the Named Insured, we will deduct the Lien amount from any Proceeds.

IS A TERMINAL CONDITION DIAGNOSIS REQUIRED? We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, or if outside the United States, within the territorial limits of the place where your policy was issued, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

Part 4

WAIVER OF PREMIUM BENEFIT

WHAT DOES THIS BENEFIT PROVIDE? After the Named Insured is Totally Disabled for six continuous months, we will not require you to pay any premium due on this policy as long as the Named Insured meets the definition of Totally Disabled and furnishes evidence satisfactory to us that the Named Insured's Total Disability:

- Commenced before the policy anniversary date following the Named Insured's 65th birthday,
- Began while this policy was In Force, and
- Was continuous for six months or more.

WHAT RISKS ARE NOT ASSUMED? We will not waive premiums if Total Disability is due to:

- Intentional self-inflicted injury, while sane or insane; or
- Insurrection or war, declared or undeclared, or any act incident thereto.

ON WHAT BASIS WILL PREMIUMS BE WAIVED? Premiums due will be determined based on the frequency of premium payment in effect on the day Total Disability began. Premiums due after the Named Insured became Totally Disabled, but before we approve the required proof of Total Disability, must be paid. After we approve the proof of Total Disability, we will refund any premiums paid during the preceding policy year, provided such premiums were due after the Named Insured became Totally Disabled.

We will stop waiving premiums at the earliest of:

- The date Total Disability ends,
- The date the Named Insured fails to furnish required proof of Total Disability,
- The date the policy Terminates, or
- The policy anniversary date following the Named Insured's 75th birthday.

WHEN MUST THE NAMED INSURED NOTIFY US? We must receive written notice of the Total Disability at Aflac Worldwide Headquarters:

- While the Named Insured is living and Totally Disabled, and
- Within one year after this policy Terminates, or
- Within one year after the due date of any premium that is requested of us to waive or refund.

However, failure to give us notice within the time provided will not affect the claim if it is shown that notice was given as soon as reasonably possible.

We must be notified as soon as the Total Disability ends.

WHAT PROOF WILL BE REQUIRED? The Named Insured must furnish proof satisfactory to us that he or she is Totally Disabled before we will waive or refund any premiums. We may from time to time require additional proof satisfactory to us that the Named Insured continues to be Totally Disabled. We may also require one or more physical examinations of the Named Insured at our expense. However, we will not require a physical examination more frequently than once a year if the Total Disability has lasted for two years.

WHAT IF TOTAL DISABILITY BEGINS DURING THE GRACE PERIOD AND A PREMIUM IS DUE? We will charge interest at the rate of 6% per year on the premium due until it is paid. If the Named Insured dies before it is paid, we will deduct the unpaid premium and interest from the Proceeds of the policy.

WHEN IS THE BENEFIT INCONTESTABLE? We may contest Total Disability at any time and for any cause.

WILL POLICY BENEFITS BE AFFECTED? The waiver of premiums will not reduce the amount payable under any settlement of the policy.

WHEN DOES THE WAIVER OF PREMIUM BENEFIT TERMINATE? The Waiver of Premium Benefit contained in this policy will Terminate on the policy anniversary date following the Named Insured's 75th birthday.

Part 5

GENERAL INFORMATION

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, any attached rider(s), and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. Any rider added to this policy after the Policy Effective Date will be subject to its own two-year contestability period beginning with the rider effective date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE OR SEX HAS BEEN MISSTATED? If the Named Insured's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 6

OWNERSHIP OF THE POLICY

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named

Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 7

PREMIUMS

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at our worldwide headquarters. You may change the frequency of the premium payments, subject to our approval.

When premiums due under a rider are no longer required, we will reduce the premium by that amount.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31-day period immediately following the date it is due. These 31 days are called the "grace period." If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 8

CONVERSION

CAN THIS POLICY BE CONVERTED? While the policy is In Force, you may convert it to an individual permanent life policy without evidence of the Named Insured's insurability, subject to the additional requirements stated below.

WHAT WILL BE THE DATE OF CONVERSION? The date of conversion will be the date all of the following conditions are satisfied:

- We receive your Written Request for conversion,
- You surrender this policy, and
- You pay the premium due on the new policy.

ARE THERE ANY ADDITIONAL REQUIREMENTS? The period of time described in the incontestability and suicide provisions of the new policy will be measured from the Policy Effective Date of the original policy. However, for any benefit or rider requiring our consent to be added to the new policy, that period of time will be measured from the date of conversion.

In addition:

- The new policy must be an individual permanent life or endowment policy that we currently issue;
- The date of conversion must be the earlier of the end of the term period or on or before the policy anniversary date following the Named Insured's 65th birthday;
- The face amount of insurance of the new policy must be equal to or less than the face amount of insurance In Force under this policy on the date of conversion and must meet our requirements for minimum policy size on that date. If you have applied for or received an Accelerated Death Payment, the face amount for the converted policy will be reduced by any Indebtedness incurred under this policy, limited to the remaining amounts available under the term policy;
- We will issue the new policy on the underwriting classification of this policy;
- We must receive written notice requesting conversion at least 31 days prior to the final conversion date;
- We will issue the new policy as of the date of conversion at the Named Insured's age on that date (premiums for the new policy will be based on our premium rates on the date of conversion and the Named Insured's age on that date); and
- Any riders may be attached to the new policy only with our consent.

Part 9

REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses. To Reinstatement, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 10

BENEFICIARY

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in Form A64200AR

your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

**THIS IS A 10-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. THE POLICY HAS A CONVERSION PRIVILEGE.
PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

**20-YEAR TERM POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT**

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

NOTICE: The Accelerated Death Payment may be taxable. As with all tax matters, you should consult a personal tax advisor to assess the impact of this payment.

Any Accelerated Death Payment will automatically establish a Lien against the policy. Aflac shall hold the Lien as a debt against the death benefit and policy benefits. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge. A disclosure statement showing the effect that such payment will have on policy benefits and other values will be sent to the policy Owner and irrevocable Beneficiary, if any, upon receipt by Aflac of a request for an Accelerated Death Payment.

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**THIS IS A 20-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. THE POLICY HAS A CONVERSION PRIVILEGE.
PROCEEDS ARE PAYABLE AT DEATH.**

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

**For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).
Visit our Web site at aflac.com.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]**

**POLICY SCHEDULE
20-YEAR LEVEL TERM POLICY
WITH AN ACCELERATED DEATH BENEFIT AND A WAIVER OF PREMIUM BENEFIT**

Named Insured:	John Doe	Policy Effective Date:	June 1, 2010
Age at Issue:	35	Initial 20-Year Term Expiration Date:	June 1, 2030
		Subsequent expiration dates occur annually with final Term Expiration Date:	June 1, 2070
Policy Number:	A1122345	Reinstatement Interest Rate:	6%
Classification:	Nontobacco	Face Amount of Insurance:	\$50,000

<u>Benefits as Specified in the Policy and in Any Rider:</u>	<u>Annual Premium</u>	<u>Premium Period</u>
20-Year Level Term Policy	\$159.12	20 years
Accidental-Death Benefit Rider (Named Insured ONLY)	\$62.40	Until policy Terminates or on rider anniversary following your 75th birthday
Spouse Term Life Insurance Rider		
Name:	Jane Doe	\$78.00
Age at Issue:	35	20 years
Face Amount of Insurance:	\$25,000	
Effective Date:	June 1, 2010	
Classification:	Nontobacco	
Child Term Life Insurance Rider		
Face Amount of Insurance:	\$12,500	\$62.40
Effective Date:	June 1, 2010	The earlier of: The youngest insured child's 25th birthday or the end of the term period.
Total Annual Premium:	\$361.92	
Modal Premium: Monthly	\$30.16	

PREMIUMS WILL INCREASE UPON EACH RENEWAL FOLLOWING THE INITIAL TERM EXPIRATION DATE (REFER TO SCHEDULE OF GUARANTEED PREMIUMS ATTACHED).

**SCHEDULE OF GUARANTEED PREMIUMS
(NAMED INSURED ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-20	\$159.12
21	939.02
22	1,037.52
23	1,133.52
24	1,229.52
25	1,342.02
26	1,479.02
27	1,644.52
28	1,839.02
29	2,050.02
30	2,271.02
31	2,500.02
32	2,733.02
33	2,975.52
34	3,232.02
35	3,520.02
36	3,856.02
37	4,264.02
38	4,740.52
39	5,243.52
40	5,783.52
41	6,371.52
42	7,035.02
43	7,805.52
44	8,700.52
45	9,705.02
46	10,823.52
47	12,040.02
48	13,329.02
49	14,735.52
50	16,300.02
51	18,040.02
52	19,954.02
53	22,023.02
54	24,221.52
55	26,529.02
56	28,827.02
57	31,089.02
58	33,459.02
59	35,957.52
At age 94	38,590.02

**SCHEDULE OF GUARANTEED PREMIUMS
(SPOUSE RIDER ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-20	\$78.00
21	369.50
22	408.00
23	448.75
24	490.75
25	533.25
26	578.25
27	627.50
28	680.25
29	735.50
30	796.75
31	864.00
32	937.75
33	1,019.25
34	1,110.00
35	1,209.00
36	1,320.50
37	1,448.25
38	1,587.50
39	1,740.00
40	1,908.50
41	2,094.00
42	2,297.25
43	2,522.25
44	2,767.75
45	3,036.50
46	3,371.25
47	3,782.25
48	4,217.25
49	4,674.00
50	5,183.25
51	5,699.25
52	6,309.00
53	7,062.00
54	7,856.25
55	8,646.50
56	9,228.50
57	9,785.25
58	10,707.50
59	11,958.00
At age 94	13,515.00

INDEX

Definitions.....	Part 1
Payment of Proceeds	Part 2
Accelerated Death Payment.....	Part 3
Waiver of Premium Benefit.....	Part 4
General Information.....	Part 5
Ownership of the Policy.....	Part 6
Premiums	Part 7
Renewal	Part 8
Conversion	Part 9
Reinstatement	Part 10
Beneficiary.....	Part 11

This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

IMMEDIATE FAMILY: anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.

INDEBTEDNESS: all existing due and unpaid premiums, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under its terms.

INITIAL TERM EXPIRATION DATE: the date shown in the Policy Schedule. The Named Insured's initial term period is 20 years.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits and death benefits that are established as a result of your Indebtedness to us.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The Named Insured is not the person insured in any spouse or child rider.

OWNER: the Named Insured is the Owner of this policy, unless otherwise indicated on the application or unless a change of ownership has been made.

PHYSICIAN: a person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date the Named Insured signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

TOTAL DISABILITY or TOTALLY DISABLED: any disability that results from an accidental injury or disease that requires the care of a licensed Physician and continuously prevents the Named Insured from engaging in an occupation. During the first 24 months of Total Disability, "occupation" means the Named Insured's regular occupation. After 24 months, it means any occupation for which the Named Insured is reasonably suited by education, training, or experience.

Also, we will consider the Named Insured's total and irrevocable loss of:

- The sight of both eyes,
- The use of both hands,
- The use of both feet, or
- The use of one hand and one foot

as a Total Disability, even if the Named Insured engages in an occupation.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2 **PAYMENT OF PROCEEDS**

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus any amounts of insurance provided by any applicable In-Force Named Insured-only rider(s) attached to this policy,
- Plus a refund of any portion of premium paid for a period beyond the date of death,
- Less any premium due,
- Less any Accelerated Death Payment previously paid, and
- Less the amount of any Indebtedness.

We will not refund any premiums waived on this policy under the Waiver of Premium Benefit as part of the death benefit.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the Form A64300AR

proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

Part 3

ACCELERATED DEATH PAYMENT

WHAT IS AN ACCELERATED DEATH PAYMENT? It is the amount requested to be paid to you as a result of the Named Insured's having a Terminal Condition. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge.

WHAT IS A TERMINAL CONDITION? It is a condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

WHAT DOES THIS PAYMENT PROVIDE? We will pay you, for the Named Insured's Terminal Condition, an Accelerated Death Payment of 50% of the original amount of insurance shown in the Policy Schedule. We will make only one Accelerated Death Payment under this policy.

IS THERE AN ADMINISTRATIVE CHARGE FOR THIS PAYMENT? An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment.

WHAT IS THE EFFECT ON THE POLICY AFTER THE ACCELERATED DEATH PAYMENT HAS BEEN MADE? When an Accelerated Death Payment is made under this policy, a Lien will automatically attach to the death benefit and policy benefits. Upon the death of the Named Insured, we will deduct the Lien amount from any Proceeds.

IS A TERMINAL CONDITION DIAGNOSIS REQUIRED? We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, or if outside the United States, within the territorial limits of the place where your policy was issued, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

Part 4

WAIVER OF PREMIUM BENEFIT

WHAT DOES THIS BENEFIT PROVIDE? After the Named Insured is Totally Disabled for six continuous months, we will not require you to pay any premium due on this policy as long as the Named Insured meets the definition of Totally Disabled and furnishes evidence satisfactory to us that the Named Insured's Total Disability:

- Commenced before the policy anniversary date following the Named Insured's 65th birthday,
- Began while this policy was In Force, and
- Was continuous for six months or more.

WHAT RISKS ARE NOT ASSUMED? We will not waive premiums if Total Disability is due to:

- Intentional self-inflicted injury, while sane or insane; or
- Insurrection or war, declared or undeclared, or any act incident thereto.

ON WHAT BASIS WILL PREMIUMS BE WAIVED? Premiums due will be determined based on the frequency of premium payment in effect on the day Total Disability began. Premiums due after the Named Insured became Totally Disabled, but before we approve the required proof of Total Disability, must be paid. After we approve the proof of Total Disability, we will refund any premiums paid during the preceding policy year, provided such premiums were due after the Named Insured became Totally Disabled.

We will stop waiving premiums at the earliest of:

- The date Total Disability ends,
- The date the Named Insured fails to furnish required proof of Total Disability,
- The date the policy Terminates, or
- The policy anniversary date following the Named Insured's 75th birthday.

WHEN MUST THE NAMED INSURED NOTIFY US? We must receive written notice of the Total Disability at Aflac Worldwide Headquarters:

- While the Named Insured is living and Totally Disabled, and
- Within one year after this policy Terminates, or
- Within one year after the due date of any premium that is requested of us to waive or refund.

However, failure to give us notice within the time provided will not affect the claim if it is shown that notice was given as soon as reasonably possible.

We must be notified as soon as the Total Disability ends.

WHAT PROOF WILL BE REQUIRED? The Named Insured must furnish proof satisfactory to us that he or she is Totally Disabled before we will waive or refund any premiums. We may from time to time require additional proof satisfactory to us that the Named Insured continues to be Totally Disabled. We may also require one or more physical examinations of the Named Insured at our expense. However, we will not require a physical examination more frequently than once a year if the Total Disability has lasted for two years.

WHAT IF TOTAL DISABILITY BEGINS DURING THE GRACE PERIOD AND A PREMIUM IS DUE? We will charge interest at the rate of 6% per year on the premium due until it is paid. If the Named Insured dies before it is paid, we will deduct the unpaid premium and interest from the Proceeds of the policy.

WHEN IS THE BENEFIT INCONTESTABLE? We may contest Total Disability at any time and for any cause.

WILL POLICY BENEFITS BE AFFECTED? The waiver of premiums will not reduce the amount payable under any settlement of the policy.

WHEN DOES THE WAIVER OF PREMIUM BENEFIT TERMINATE? The Waiver of Premium Benefit contained in this policy will Terminate on the policy anniversary date following the Named Insured's 75th birthday.

Part 5

GENERAL INFORMATION

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, any attached rider(s), and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. Any rider added to this policy after the Policy Effective Date will be subject to its own two-year contestability period beginning with the rider effective date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE OR SEX HAS BEEN MISSTATED? If the Named Insured's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 6

OWNERSHIP OF THE POLICY

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named

Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 7

PREMIUMS

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at our worldwide headquarters. You may change the frequency of the premium payments, subject to our approval.

When premiums due under a rider are no longer required, we will reduce the premium by that amount.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31-day period immediately following the date it is due. These 31 days are called the "grace period." If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 8

RENEWAL

WHAT IS THE TERM PERIOD? The Named Insured's initial term period of this policy is 20 years. The term period begins on the Policy Effective Date. The term period ends on the policy anniversary date at the end of the initial term period, unless it is renewed. You have an option to renew this policy annually for a 12-month term period. If renewed, the term period will begin on the date of renewal and will be annually renewable thereafter. No renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday.

HOW DO YOU RENEW THIS POLICY? If this policy is In Force at the end of a term period, you may renew it for another term period without evidence of the Named Insured's insurability. To renew this policy, you must pay the proper premium shown in the policy data under Schedule of Guaranteed Policy Premiums in the Policy Schedule. Payment must be made within 31 days after the end of the expiring term period. After the initial term period of 20 years, each subsequent

renewal will be for one year. Renewal will begin when the preceding term period ends. Also, no renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday.

Part 9 **CONVERSION**

CAN THIS POLICY BE CONVERTED? While the policy is In Force, you may convert it to an individual permanent life policy without evidence of the Named Insured's insurability, subject to the additional requirements stated below.

WHAT WILL BE THE DATE OF CONVERSION? The date of conversion will be the date all of the following conditions are satisfied:

- We receive your Written Request for conversion,
- You surrender this policy, and
- You pay the premium due on the new policy.

ARE THERE ANY ADDITIONAL REQUIREMENTS? The period of time described in the incontestability and suicide provisions of the new policy will be measured from the Policy Effective Date of the original policy. However, for any benefit or rider requiring our consent to be added to the new policy, that period of time will be measured from the date of conversion.

In addition:

- The new policy must be an individual permanent life or endowment policy that we currently issue;
- The date of conversion must be the earlier of the end of the initial term period or on or before the policy anniversary date following the Named Insured's 65th birthday;
- The face amount of insurance of the new policy must be equal to or less than the face amount of insurance In Force under this policy on the date of conversion and must meet our requirements for minimum policy size on that date. If you have applied for or received an Accelerated Death Payment, the face amount for the converted policy will be reduced by any Indebtedness incurred under this policy, limited to the remaining amounts available under the term policy;
- We will issue the new policy on the underwriting classification of this policy;
- We must receive written notice requesting conversion at least 31 days prior to the final conversion date;
- We will issue the new policy as of the date of conversion at the Named Insured's age on that date (premiums for the new policy will be based on our premium rates on the date of conversion and the Named Insured's age on that date); and
- Any riders may be attached to the new policy only with our consent.

Part 10

REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses. To Reinstate, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 11

BENEFICIARY

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

THIS IS A 20-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT AND A WAIVER OF PREMIUM BENEFIT. THE POLICY HAS A CONVERSION PRIVILEGE.

PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

**20-YEAR TERM POLICY WITH AN ACCELERATED DEATH BENEFIT AND
AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT**

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

NOTICE: The Accelerated Death Payment may be taxable. As with all tax matters, you should consult a personal tax advisor to assess the impact of this payment.

Any Accelerated Death Payment will automatically establish a Lien against the policy. Aflac shall hold the Lien as a debt against the death benefit, policy benefits, Cash Values, any outstanding policy loans, and/or any other policy Liens in existence under the policy. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge. A disclosure statement showing the effect that such payment will have on policy benefits and other values will be sent to the policy Owner and irrevocable Beneficiary, if any, upon receipt by Aflac of a request for an Accelerated Death Payment.

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**THIS IS A 20-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT.**

THE POLICY HAS A CONVERSION PRIVILEGE. PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).

Visit our Web site at aflac.com.]

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:**

ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION

1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904

Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]

POLICY SCHEDULE
20-YEAR LEVEL TERM POLICY WITH AN ACCELERATED DEATH BENEFIT
AND AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT.

Named Insured:	John Doe	Policy Effective Date:	June 1, 2010
Age at Issue:	35	Initial 20-Year Term	
		Expiration Date:	June 1, 2030
		Subsequent expiration dates	
		occur annually with final	
		Term Expiration Date:	June 1, 2070
Policy Number:	A1122345	Reinstatement Interest Rate:	6%
Classification:	Nontobacco	Face Amount of Insurance:	\$50,000
		Loan Interest Rate:	7.40%

<u>Benefits as Specified in the Policy and in Any Rider:</u>	<u>Annual</u> <u>Premium</u>	<u>Premium</u> <u>Period</u>
20-Year Level Term Policy With Intermediate Period	\$608.40	20 years
Endowment Benefit (Return of Premium Benefit)		
Accidental-Death Benefit Rider (Named Insured ONLY)	\$62.40	Until policy Terminates or on rider anniversary following your 75th birthday
Spouse Term Life Insurance Rider		
Name:	Jane Doe	\$78.00
Age at Issue:	35	20 years
Face Amount of Insurance:	\$25,000	
Effective Date:	June 1, 2010	
Classification:	Nontobacco	
Child Term Life Insurance Rider		
Face Amount of Insurance:	\$12,500	\$62.40
Effective Date:	June 1, 2010	The earlier of: The youngest insured child's 25th birthday or the end of the term period.

Total Annual Premium:	\$811.20
Modal Premium: Monthly	\$67.60

PREMIUMS WILL INCREASE UPON EACH RENEWAL FOLLOWING THE INITIAL TERM EXPIRATION DATE (REFER TO SCHEDULE OF GUARANTEED PREMIUMS ATTACHED).

**SCHEDULE OF GUARANTEED PREMIUMS
(NAMED INSURED ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-20	\$608.40
21	939.00
22	1,037.50
23	1,133.50
24	1,229.50
25	1,342.00
26	1,479.00
27	1,644.50
28	1,839.00
29	2,050.00
30	2,271.00
31	2,500.00
32	2,733.00
33	2,975.50
34	3,232.00
35	3,520.00
36	3,856.00
37	4,264.00
38	4,740.50
39	5,243.50
40	5,783.50
41	6,371.50
42	7,035.00
43	7,805.50
44	8,700.50
45	9,705.00
46	10,823.50
47	12,040.00
48	13,329.00
49	14,735.50
50	16,300.00
51	18,040.00
52	19,954.00
53	22,023.00
54	24,221.50
55	26,529.00
56	28,827.00
57	31,089.00
58	33,459.00
59	35,957.50
At age 94	38,590.00

**SCHEDULE OF GUARANTEED PREMIUMS
(SPOUSE RIDER ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-20	\$78.00
21	369.50
22	408.00
23	448.75
24	490.75
25	533.25
26	578.25
27	627.50
28	680.25
29	735.50
30	796.75
31	864.00
32	937.75
33	1,019.25
34	1,110.00
35	1,209.00
36	1,320.50
37	1,448.25
38	1,587.50
39	1,740.00
40	1,908.50
41	2,094.00
42	2,297.25
43	2,522.25
44	2,767.75
45	3,036.50
46	3,371.25
47	3,782.25
48	4,217.25
49	4,674.00
50	5,183.25
51	5,699.25
52	6,309.00
53	7,062.00
54	7,856.25
55	8,646.50
56	9,228.50
57	9,785.25
58	10,707.50
59	11,958.00
At age 94	13,515.00

**TABLE OF CASH VALUES
(RETURN OF PREMIUM BENEFIT)
(NAMED INSURED ONLY)**

Values for the policy amount of insurance shown in the Policy Schedule

Intermediate Endowment Period: 20 Years

Intermediate Endowment Benefit
(Return of Premium Benefit): \$12,168.00

Policy Year Ending On	Cash Value	Paid-Up Insurance
June 1, 2011	\$ 0.00	\$ 0.00
June 1, 2012	\$ 0.00	\$ 0.00
June 1, 2013	\$ 286.50	\$ 1,723.00
June 1, 2014	\$ 731.50	\$ 4,218.00
June 1, 2015	\$ 1,199.50	\$ 6,631.00
June 1, 2016	\$ 1,691.50	\$ 8,966.00
June 1, 2017	\$ 2,209.50	\$ 11,231.00
June 1, 2018	\$ 2,754.50	\$ 13,431.00
June 1, 2019	\$ 3,328.50	\$ 15,574.00
June 1, 2020	\$ 3,933.00	\$ 17,666.00
June 1, 2021	\$ 4,570.50	\$ 19,715.00
June 1, 2022	\$ 5,243.00	\$ 21,725.00
June 1, 2023	\$ 5,951.50	\$ 23,694.00
June 1, 2024	\$ 6,699.00	\$ 25,623.00
June 1, 2025	\$ 7,487.50	\$ 27,517.00
June 1, 2026	\$ 8,320.00	\$ 29,383.00
June 1, 2027	\$ 9,200.50	\$ 31,235.00
June 1, 2028	\$ 10,132.00	\$ 33,079.00
June 1, 2029	\$ 11,119.50	\$ 34,928.00
June 1, 2030	\$ 12,168.00	\$ 36,797.00

RESERVE INTEREST RATE	4.00%
NONFORFEITURE INTEREST RATE	5.00%

INDEX

Definitions.....	Part 1
Payment of Proceeds	Part 2
Accelerated Death Payment.....	Part 3
Cash Values	Part 4
Return of Premium Benefit	Part 5
General Information.....	Part 6
Ownership of the Policy.....	Part 7
Premiums	Part 8
Renewal	Part 9
Conversion	Part 10
Reinstatement	Part 11
Beneficiary.....	Part 12

This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

ATTAINED AGE: the Named Insured's Age at Issue plus the number of completed policy years since the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

CASH VALUE: the value shown in the Table of Cash Values. The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by the policy.

IMMEDIATE FAMILY: anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.

INDEBTEDNESS: all existing due and unpaid premiums, loans, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under its terms.

INITIAL TERM EXPIRATION DATE: the date shown in the Policy Schedule. The Named Insured's initial term period is 20 years.

INTERMEDIATE ENDOWMENT PERIOD: the Named Insured's initial term period, which is 20 years.

INTERMEDIATE PERIOD ENDOWMENT BENEFIT (ALSO KNOWN AS RETURN OF PREMIUM BENEFIT): the benefit that will be paid upon the Initial Term Expiration Date as shown on the Table of Cash Values. Indebtedness will reduce the actual benefit.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits, death benefits, Cash Values, and/or policy loans that are established as a result of your Indebtedness to us.

LOAN VALUE: the maximum amount that may be borrowed under the loan provisions.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The Named Insured is not the person insured in any spouse or child rider.

OWNER: the Named Insured is the Owner of this policy, unless otherwise indicated on the application or unless a change of ownership has been made.

PHYSICIAN: a person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date the Named Insured signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2

PAYMENT OF PROCEEDS

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus any amounts of insurance provided by any applicable In-Force Named Insured-only rider(s) attached to this policy,
- Plus a refund of any portion of premium paid for a period beyond the date of death,
- Less any premium due,
- Less any Accelerated Death Payment previously paid, and
- Less the amount of any Indebtedness.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

Part 3
ACCELERATED DEATH PAYMENT

WHAT IS AN ACCELERATED DEATH PAYMENT? It is the amount requested to be paid to you as a result of the Named Insured's having a Terminal Condition. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge.

WHAT IS A TERMINAL CONDITION? It is a condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

WHAT DOES THIS PAYMENT PROVIDE? We will pay you, for the Named Insured's Terminal Condition, an Accelerated Death Payment of 50% of the original amount of insurance shown in the Policy Schedule. We will make only one Accelerated Death Payment under this policy.

IS THERE AN ADMINISTRATIVE CHARGE FOR THIS PAYMENT? An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment.

WHAT IS THE EFFECT ON THE POLICY AFTER THE ACCELERATED DEATH PAYMENT HAS BEEN MADE? When an Accelerated Death Payment is made under this policy, a Lien will automatically attach to the death benefit, policy benefits, Cash Values, any outstanding policy loans, and/or any other policy Liens in existence under the policy. This Lien will limit the amount available for any surrender or policy loans. Cash Values and policy loans will be available only to the extent that the Cash Value less the Lien exceeds any loan balance. Upon the death of the Named Insured, we will deduct the Lien amount from any Proceeds.

IS A TERMINAL CONDITION DIAGNOSIS REQUIRED? We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, or if outside the United States, within the territorial limits of the place where your policy was issued, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

Part 4
CASH VALUES

Cash Values build throughout the initial term period of this policy. If you surrender or Lapse this policy, you can receive this value based on the Table of Cash Values. This benefit is not payable upon the Named Insured's death.

The values shown in the Table of Cash Values assume no Indebtedness. The value between any two consecutive policy anniversaries shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive anniversaries. The values may be borrowed, used to provide paid-up life, or taken in cash upon surrender of this policy, subject to the following provisions.

ARE LOANS AVAILABLE? After this policy accumulates a Cash Value, we will make a loan subject to the following conditions:

- The maximum amount loaned will be the Cash Value of this policy at the end of the policy year in which the loan is made:
 - less any existing loan,
 - less interest on the amount of the loan to the end of the policy year, and
 - less premiums payable under this policy to the end of the policy year.
- Interest at the loan interest rate shown in the Policy Schedule must be paid annually in advance on the loan. Interest not paid when due will be added to the loan and will bear interest at the same rate.
- The loan must be secured by satisfactory assignment of this policy. The loan will constitute a first Lien on this policy in our favor.

Unless the loan has been repaid under a nonforfeiture option, any part of the loan may be repaid during the Named Insured's lifetime. Failure to repay the loan will not Terminate this policy unless the loan exceeds the Loan Value of this policy and until 31 days after we have mailed notice of Termination to your last known address and any assignee of record.

WHAT ARE THE NONFORFEITURE PROVISIONS? After this policy accumulates a Cash Value, if any premium remains unpaid after the grace period, this policy may be continued or surrendered under one of the following options:

Option 1. Cash Surrender – This policy may be surrendered for its net Cash Value.

Option 2. Reduced Paid-Up Life Insurance – This policy may be continued from the due date of the unpaid premium as nonparticipating paid-up term life insurance for a reduced amount to the end of the initial term period. The amount of insurance will be determined by applying the net Cash Value as a net single premium at the Named Insured's Attained Age for such insurance.

The following conditions will apply:

- You may select one of the options above by written notice filed at Aflac Worldwide Headquarters.
- If no option is selected, Option 2 will apply.
- No insurance continued under Option 2 will include any rider benefits provided by any other benefit made part of this policy.
- Any insurance provided under Option 2 may be surrendered for its net Cash Value. If the surrender is made within 31 days after any policy anniversary, the Cash Value will not be less than its Cash Value on that anniversary.
- Option 1 may be selected in writing within three months following the due date of the unpaid premium. The policy will Terminate upon payment of Cash Value.

WHEN WILL THE CASH VALUE AND LOANS BE PAID? We may delay the payment of the Cash Value or the making of a loan for a period of not more than six months after we receive Written Request for the Cash Value or loan. This provision will not apply to any loan made to pay premiums due us.

WHAT IS THE BASIS OF COMPUTATION? Nonforfeiture values are based on the 2001 Commissioners' Standard Ordinary Mortality Table and on the nonforfeiture interest rate shown in the Table of Cash Values.

Cash Values and nonforfeiture benefits are not less than the minimum values or benefits required by the law of the state in which this policy is delivered. Values are calculated assuming the basic life benefit is payable at death and premiums are paid annually in advance. The Cash Values appear in the Table of Cash Values.

The method of computation of Cash Values and nonforfeiture benefits has been filed as required with the insurance department of the state in which this policy is delivered. The Cash Value is calculated by the standard nonforfeiture method using the annual nonforfeiture factors.

The value of any paid-up life insurance is the net single premium then required for such insurance.

Part 5

RETURN OF PREMIUM BENEFIT

If you maintain this policy In Force to the end of its initial term period, Aflac will pay you this benefit as shown in the Table of Cash Values.

This benefit is based upon the annualized premium paid for this policy (**not including** any other attached benefit riders) to be calculated at the original premium in effect on the Policy Effective Date. This policy must remain In Force for 20 consecutive years for you to obtain the maximum refund of premiums paid.

This benefit is not payable upon the Named Insured's death. In no event will the Return of Premium Benefit continue after the Initial Term Period of 20 years.

Part 6

GENERAL INFORMATION

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, any attached rider(s), and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE OR SEX HAS BEEN MISSTATED? If the Named Insured's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 7

OWNERSHIP OF THE POLICY

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 8

PREMIUMS

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at our worldwide headquarters. You may change the frequency of the premium payments, subject to our approval.

When premiums due under a rider are no longer required, we will reduce the premium by that amount.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31-day period immediately following the date it is due. These 31 days are called the “grace period.” If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 9

RENEWAL

WHAT IS THE TERM PERIOD? The Named Insured's initial term period of this policy is 20 years. The term period begins on the Policy Effective Date. The term period ends on the policy anniversary date at the end of the initial term period, unless it is renewed. You have an option to renew this policy annually for a 12-month term period. If renewed, the term period will begin on the date of renewal and will be annually renewable thereafter. No renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday

HOW DO YOU RENEW THIS POLICY? If this policy is In Force at the end of a term period, you may renew it for another term period without evidence of the Named Insured's insurability. To renew this policy, you must pay the proper premium shown in the policy data under Schedule of Guaranteed Policy Premiums in the Policy Schedule. Payment must be made within 31 days after the end of the expiring term period. After the initial term period of 20 years, each subsequent renewal will be for one year. Renewal will begin when the preceding term period ends. Also, no renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday.

Part 10

CONVERSION

CAN THIS POLICY BE CONVERTED? While the policy is In Force, you may convert it to an individual permanent life policy without evidence of the Named Insured's insurability, subject to the additional requirements stated below.

WHAT WILL BE THE DATE OF CONVERSION? The date of conversion will be the date all of the following conditions are satisfied:

- We receive your Written Request for conversion,
- You surrender this policy, and
- You pay the premium due on the new policy.

ARE THERE ANY ADDITIONAL REQUIREMENTS? The period of time described in the incontestability and suicide provisions of the new policy will be measured from the Policy Effective Date of the original policy. However, for any benefit or rider requiring our consent to be added to the new policy, that period of time will be measured from the date of conversion.

In addition:

- The new policy must be an individual permanent life or endowment policy that we currently issue;
- The date of conversion must be the earlier of the end of the initial term period or on or before the policy anniversary date following the Named Insured's 65th birthday;
- The face amount of insurance of the new policy must be equal to or less than the face amount of insurance In Force under this policy on the date of conversion and must meet our requirements for minimum policy size on that date. If you have applied for or received an Accelerated Death Payment, the face amount for the converted policy will be reduced by any Indebtedness incurred under this policy, limited to the remaining amounts available under the term policy;
- We will issue the new policy on the underwriting classification of this policy;
- We must receive written notice requesting conversion at least 31 days prior to the final conversion date;
- We will issue the new policy as of the date of conversion at the Named Insured's age on that date (premiums for the new policy will be based on our premium rates on the date of conversion and the Named Insured's age on that date); and
- Any riders may be attached to the new policy only with our consent.

Part 11

REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses, unless the policy is surrendered for the Cash Value. To Reinstatement, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 12

BENEFICIARY

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by

operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

**THIS IS A 20-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT.**

THE POLICY HAS A CONVERSION PRIVILEGE. PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

**30-YEAR TERM POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT**

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

NOTICE: The Accelerated Death Payment may be taxable. As with all tax matters, you should consult a personal tax advisor to assess the impact of this payment.

Any Accelerated Death Payment will automatically establish a Lien against the policy. Aflac shall hold the Lien as a debt against the death benefit and policy benefits. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge. A disclosure statement showing the effect that such payment will have on policy benefits and other values will be sent to the policy Owner and irrevocable Beneficiary, if any, upon receipt by Aflac of a request for an Accelerated Death Payment.

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**THIS IS A 30-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. THE POLICY HAS A CONVERSION PRIVILEGE.**

PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).

Visit our Web site at aflac.com.]

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:**

ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION

1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904

Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]

**POLICY SCHEDULE
30-YEAR LEVEL TERM POLICY
WITH AN ACCELERATED DEATH BENEFIT AND A WAIVER OF PREMIUM BENEFIT**

Named Insured:	John Doe	Policy Effective Date:	June 1, 2010
Age at Issue:	35	Initial 30-Year Term Expiration Date:	June 1, 2040
		Subsequent expiration dates occur annually with final Term Expiration Date:	June 1, 2070
Policy Number:	A1122345	Reinstatement Interest Rate:	6%
Classification:	Nontobacco	Face Amount of Insurance:	\$50,000

<u>Benefits as Specified in the Policy and in Any Rider:</u>	<u>Annual Premium</u>	<u>Premium Period</u>
30-Year Level Term Policy	\$237.12	30 years
Accidental-Death Benefit Rider (Named Insured ONLY)	\$62.40	Until policy Terminates or on rider anniversary following your 75th birthday
Spouse Term Life Insurance Rider		
Name:	Jane Doe	\$109.20
Age at Issue:	35	30 years
Face Amount of Insurance:	\$25,000	
Effective Date:	June 1, 2010	
Classification:	Nontobacco	
Child Term Life Insurance Rider		
Face Amount of Insurance:	\$12,500	\$62.40
Effective Date:	June 1, 2010	The earlier of: The youngest insured child's 25th birthday or the end of the term period.
Total Annual Premium:	\$471.12	
Modal Premium: Monthly	\$39.26	

PREMIUMS WILL INCREASE UPON EACH RENEWAL FOLLOWING THE INITIAL TERM EXPIRATION DATE (REFER TO SCHEDULE OF GUARANTEED PREMIUMS ATTACHED).

**SCHEDULE OF GUARANTEED PREMIUMS
(NAMED INSURED ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-30	\$237.12
31	2,500.02
32	2,733.02
33	2,975.52
34	3,232.02
35	3,520.02
36	3,856.02
37	4,264.02
38	4,740.52
39	5,243.52
40	5,783.52
41	6,371.52
42	7,035.02
43	7,805.52
44	8,700.52
45	9,705.02
46	10,823.52
47	12,040.02
48	13,329.02
49	14,735.52
50	16,300.02
51	18,040.02
52	19,954.02
53	22,023.02
54	24,221.52
55	26,529.02
56	28,827.02
57	31,089.02
58	33,459.02
59	35,957.52
At age 94	38,590.02

**SCHEDULE OF GUARANTEED PREMIUMS
(SPOUSE RIDER ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-30	\$109.20
31	864.00
32	937.75
33	1,019.25
34	1,110.00
35	1,209.00
36	1,320.50
37	1,448.25
38	1,587.50
39	1,740.00
40	1,908.50
41	2,094.00
42	2,297.25
43	2,522.25
44	2,767.75
45	3,036.50
46	3,371.25
47	3,782.25
48	4,217.25
49	4,674.00
50	5,183.25
51	5,699.25
52	6,309.00
53	7,062.00
54	7,856.25
55	8,646.50
56	9,228.50
57	9,785.25
58	10,707.50
59	11,958.00
At age 94	13,515.00

INDEX

Definitions.....	Part 1
Payment of Proceeds	Part 2
Accelerated Death Payment.....	Part 3
Waiver of Premium Benefit.....	Part 4
General Information.....	Part 5
Ownership of the Policy.....	Part 6
Premiums	Part 7
Renewal	Part 8
Conversion	Part 9
Reinstatement	Part 10
Beneficiary.....	Part 11

This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

IMMEDIATE FAMILY: anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.

INDEBTEDNESS: all existing due and unpaid premiums, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under its terms.

INITIAL TERM EXPIRATION DATE: the date shown in the Policy Schedule. The Named Insured's initial term period is 30 years.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits and death benefits that are established as a result of your Indebtedness to us.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The Named Insured is not the person insured in any spouse or child rider.

OWNER: the Named Insured is the Owner of this policy, unless otherwise indicated on the application or unless a change of ownership has been made.

PHYSICIAN: a person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date the Named Insured signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

TOTAL DISABILITY or TOTALLY DISABLED: any disability that results from an accidental injury or disease that requires the care of a licensed Physician and continuously prevents the Named Insured from engaging in an occupation. During the first 24 months of Total Disability, "occupation" means the Named Insured's regular occupation. After 24 months, it means any occupation for which the Named Insured is reasonably suited by education, training, or experience.

Also, we will consider the Named Insured's total and irrevocable loss of:

- The sight of both eyes,
- The use of both hands,
- The use of both feet, or
- The use of one hand and one foot

as a Total Disability, even if the Named Insured engages in an occupation.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2

PAYMENT OF PROCEEDS

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus any amounts of insurance provided by any applicable In-Force Named Insured-only rider(s) attached to this policy,
- Plus a refund of any portion of premium paid for a period beyond the date of death,
- Less any premium due,
- Less any Accelerated Death Payment previously paid, and
- Less the amount of any Indebtedness.

We will not refund any premiums waived on this policy under the Waiver of Premium Benefit as part of the death benefit.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the Form A64500AR

proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

Part 3

ACCELERATED DEATH PAYMENT

WHAT IS AN ACCELERATED DEATH PAYMENT? It is the amount requested to be paid to you as a result of the Named Insured's having a Terminal Condition. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge.

WHAT IS A TERMINAL CONDITION? It is a condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

WHAT DOES THIS PAYMENT PROVIDE? We will pay you, for the Named Insured's Terminal Condition, an Accelerated Death Payment of 50% of the original amount of insurance shown in the Policy Schedule. We will make only one Accelerated Death Payment under this policy.

IS THERE AN ADMINISTRATIVE CHARGE FOR THIS PAYMENT? An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment.

WHAT IS THE EFFECT ON THE POLICY AFTER THE ACCELERATED DEATH PAYMENT HAS BEEN MADE? When an Accelerated Death Payment is made under this policy, a Lien will automatically attach to the death benefit and policy benefits. Upon the death of the Named Insured, we will deduct the Lien amount from any Proceeds.

IS A TERMINAL CONDITION DIAGNOSIS REQUIRED? We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, or if outside the United States, within the territorial limits of the place where your policy was issued, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

Part 4

WAIVER OF PREMIUM BENEFIT

WHAT DOES THIS BENEFIT PROVIDE? After the Named Insured is Totally Disabled for six continuous months, we will not require you to pay any premium due on this policy as long as the Named Insured meets the definition of Totally Disabled and furnishes evidence satisfactory to us that the Named Insured's Total Disability:

- Commenced before the policy anniversary date following the Named Insured's 65th birthday,
- Began while this policy was In Force, and
- Was continuous for six months or more.

WHAT RISKS ARE NOT ASSUMED? We will not waive premiums if Total Disability is due to:

- Intentional self-inflicted injury, while sane or insane; or
- Insurrection or war, declared or undeclared, or any act incident thereto.

ON WHAT BASIS WILL PREMIUMS BE WAIVED? Premiums due will be determined based on the frequency of premium payment in effect on the day Total Disability began. Premiums due after the Named Insured became Totally Disabled, but before we approve the required proof of Total Disability, must be paid. After we approve the proof of Total Disability, we will refund any premiums paid during the preceding policy year, provided such premiums were due after the Named Insured became Totally Disabled.

We will stop waiving premiums at the earliest of:

- The date Total Disability ends,
- The date the Named Insured fails to furnish required proof of Total Disability,
- The date the policy Terminates, or
- The policy anniversary date following the Named Insured's 75th birthday.

WHEN MUST THE NAMED INSURED NOTIFY US? We must receive written notice of the Total Disability at Aflac Worldwide Headquarters:

- While the Named Insured is living and Totally Disabled, and
- Within one year after this policy Terminates, or
- Within one year after the due date of any premium that is requested of us to waive or refund.

However, failure to give us notice within the time provided will not affect the claim if it is shown that notice was given as soon as reasonably possible.

We must be notified as soon as the Total Disability ends.

WHAT PROOF WILL BE REQUIRED? The Named Insured must furnish proof satisfactory to us that he or she is Totally Disabled before we will waive or refund any premiums. We may from time to time require additional proof satisfactory to us that the Named Insured continues to be Totally Disabled. We may also require one or more physical examinations of the Named Insured at our expense. However, we will not require a physical examination more frequently than once a year if the Total Disability has lasted for two years.

WHAT IF TOTAL DISABILITY BEGINS DURING THE GRACE PERIOD AND A PREMIUM IS DUE? We will charge interest at the rate of 6% per year on the premium due until it is paid. If the Named Insured dies before it is paid, we will deduct the unpaid premium and interest from the Proceeds of the policy.

WHEN IS THE BENEFIT INCONTESTABLE? We may contest Total Disability at any time and for any cause.

WILL POLICY BENEFITS BE AFFECTED? The waiver of premiums will not reduce the amount payable under any settlement of the policy.

WHEN DOES THE WAIVER OF PREMIUM BENEFIT TERMINATE? The Waiver of Premium Benefit contained in this policy will Terminate on the policy anniversary date following the Named Insured's 75th birthday.

Part 5

GENERAL INFORMATION

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, any attached rider(s), and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. Any rider added to this policy after the Policy Effective Date will be subject to its own two-year contestability period beginning with the rider effective date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE OR SEX HAS BEEN MISSTATED? If the Named Insured's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 6

OWNERSHIP OF THE POLICY

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named

Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 7

PREMIUMS

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at our worldwide headquarters. You may change the frequency of the premium payments, subject to our approval.

When premiums due under a rider are no longer required, we will reduce the premium by that amount.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31-day period immediately following the date it is due. These 31 days are called the "grace period." If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 8

RENEWAL

WHAT IS THE TERM PERIOD? The Named Insured's initial term period of this policy is 30 years. The term period begins on the Policy Effective Date. The term period ends on the policy anniversary date at the end of the initial term period, unless it is renewed. You have an option to renew this policy annually for a 12-month term period. If renewed, the term period will begin on the date of renewal and will be annually renewable thereafter. No renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday.

HOW DO YOU RENEW THIS POLICY? If this policy is In Force at the end of a term period, you may renew it for another term period without evidence of the Named Insured's insurability. To renew this policy, you must pay the proper premium shown in the policy data under Schedule of Guaranteed Policy Premiums in the Policy Schedule. Payment must be made within 31 days after the end of the expiring term period. After the initial term period of 30 years, each subsequent

renewal will be for one year. Renewal will begin when the preceding term period ends. Also, no renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday.

Part 9 **CONVERSION**

CAN THIS POLICY BE CONVERTED? While the policy is In Force, you may convert it to an individual permanent life policy without evidence of the Named Insured's insurability, subject to the additional requirements stated below.

WHAT WILL BE THE DATE OF CONVERSION? The date of conversion will be the date all of the following conditions are satisfied:

- We receive your Written Request for conversion,
- You surrender this policy, and
- You pay the premium due on the new policy.

ARE THERE ANY ADDITIONAL REQUIREMENTS? The period of time described in the incontestability and suicide provisions of the new policy will be measured from the Policy Effective Date of the original policy. However, for any benefit or rider requiring our consent to be added to the new policy, that period of time will be measured from the date of conversion.

In addition:

- The new policy must be an individual permanent life or endowment policy that we currently issue;
- The date of conversion must be the earlier of the end of the initial term period or on or before the policy anniversary date following the Named Insured's 65th birthday;
- The face amount of insurance of the new policy must be equal to or less than the face amount of insurance In Force under this policy on the date of conversion and must meet our requirements for minimum policy size on that date. If you have applied for or received an Accelerated Death Payment, the face amount for the converted policy will be reduced by any Indebtedness incurred under this policy, limited to the remaining amounts available under the term policy;
- We will issue the new policy on the underwriting classification of this policy;
- We must receive written notice requesting conversion at least 31 days prior to the final conversion date;
- We will issue the new policy as of the date of conversion at the Named Insured's age on that date (premiums for the new policy will be based on our premium rates on the date of conversion and the Named Insured's age on that date); and
- Any riders may be attached to the new policy only with our consent.

Part 10

REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses. To Reinstate, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 11

BENEFICIARY

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

THIS IS A 30-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT AND A WAIVER OF PREMIUM BENEFIT. THE POLICY HAS A CONVERSION PRIVILEGE.

PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

**30-YEAR TERM POLICY WITH AN ACCELERATED DEATH BENEFIT AND
AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT**

The Owner of the policy will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

NOTICE: The Accelerated Death Payment may be taxable. As with all tax matters, you should consult a personal tax advisor to assess the impact of this payment.

Any Accelerated Death Payment will automatically establish a Lien against the policy. Aflac shall hold the Lien as a debt against the death benefit, policy benefits, Cash Values, any outstanding policy loans, and/or any other policy Liens in existence under the policy. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge. A disclosure statement showing the effect that such payment will have on policy benefits and other values will be sent to the policy Owner and irrevocable Beneficiary, if any, upon receipt by Aflac of a request for an Accelerated Death Payment.

CONSIDERATION

This policy is issued in consideration of statements made in the application and the first payment of the premium shown in the Policy Schedule. A copy of the application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

When we receive proof satisfactory to us of the Named Insured's death while this policy is In Force, we will pay the Proceeds then In Force to the Beneficiary, subject to the provisions of this policy.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, [1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Policy Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Policy Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**THIS IS A 30-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT.**

**THE POLICY HAS A CONVERSION PRIVILEGE. PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

**THIS IS A WHOLE LIFE INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND A WAIVER OF PREMIUM BENEFIT. PROCEEDS ARE PAYABLE AT DEATH.
THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.**

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[CLIENT SERVICES AND ADMINISTRATION

1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

**For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).
Visit our Web site at aflac.com.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:**

**ARKANSAS INSURANCE DEPARTMENT – [CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494]**

POLICY SCHEDULE
30-YEAR LEVEL TERM POLICY WITH AN ACCELERATED DEATH BENEFIT
AND AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT.

Named Insured:	John Doe	Policy Effective Date:	June 1, 2010
Age at Issue:	35	Initial 30-Year Term Expiration Date:	June 1, 2040
		Subsequent expiration dates occur annually with final Term Expiration Date:	June 1, 2070
Policy Number:	A1122345	Reinstatement Interest Rate:	6%
Classification:	Nontobacco	Face Amount of Insurance:	\$50,000
		Loan Interest Rate:	7.4%

<u>Benefits as Specified in the Policy and in Any Rider:</u>	<u>Annual Premium</u>	<u>Premium Period</u>
30-Year Level Term Policy With Intermediate Period Endowment Benefit (Return of Premium Benefit)	\$514.80	30 years
Accidental-Death Benefit Rider (Named Insured ONLY)	\$62.40	Until policy Terminates or on rider anniversary following your 75th birthday
Spouse Term Life Insurance Rider		
Name:	Jane Doe	\$109.20
Age at Issue:	35	30 years
Face Amount of Insurance:	\$25,000	
Effective Date:	June 1, 2010	
Classification:	Nontobacco	
Child Term Life Insurance Rider		
Face Amount of Insurance:	\$12,500	\$62.40
Effective Date:	June 1, 2010	The earlier of: The youngest insured child's 25th birthday or the end of the term period.

Total Annual Premium:	\$748.80
Modal Premium: Monthly	\$62.40

PREMIUMS WILL INCREASE UPON EACH RENEWAL FOLLOWING THE INITIAL TERM EXPIRATION DATE (REFER TO SCHEDULE OF GUARANTEED PREMIUMS ATTACHED).

**SCHEDULE OF GUARANTEED PREMIUMS
(NAMED INSURED ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-30	\$514.80
31	2,500.00
32	2,733.00
33	2,975.50
34	3,232.00
35	3,520.00
36	3,856.00
37	4,264.00
38	4,740.50
39	5,243.50
40	5,783.50
41	6,371.50
42	7,035.00
43	7,805.50
44	8,700.50
45	9,705.00
46	10,823.50
47	12,040.00
48	13,329.00
49	14,735.50
50	16,300.00
51	18,040.00
52	19,954.00
53	22,023.00
54	24,221.50
55	26,529.00
56	28,827.00
57	31,089.00
58	33,459.00
59	35,957.50
At age 94	38,590.00

**SCHEDULE OF GUARANTEED PREMIUMS
(SPOUSE RIDER ONLY)**

<u>Policy Years</u>	<u>Guaranteed Premium</u>
1-30	\$109.20
31	864.00
32	937.75
33	1,019.25
34	1,110.00
35	1,209.00
36	1,320.50
37	1,448.25
38	1,587.50
39	1,740.00
40	1,908.50
41	2,094.00
42	2,297.25
43	2,522.25
44	2,767.75
45	3,036.50
46	3,371.25
47	3,782.25
48	4,217.25
49	4,674.00
50	5,183.25
51	5,699.25
52	6,309.00
53	7,062.00
54	7,856.25
55	8,646.50
56	9,228.50
57	9,785.25
58	10,707.50
59	11,958.00
At age 94	13,515.00

**TABLE OF CASH VALUES
(RETURN OF PREMIUM BENEFIT)
(NAMED INSURED ONLY)**

Values for the policy amount of insurance shown in the Policy Schedule

Intermediate Endowment Period: 30 Years

Intermediate Endowment Benefit
(Return of Premium Benefit): \$15,444.00

Policy Year Ending On	Cash Value	Paid-Up Insurance
June 1, 2011	\$ 0.00	\$ 0.00
June 1, 2012	\$ 0.00	\$ 0.00
June 1, 2013	\$ 0.00	\$ 0.00
June 1, 2014	\$ 196.00	\$ 1,130.00
June 1, 2015	\$ 462.50	\$ 2,557.00
June 1, 2016	\$ 742.50	\$ 3,935.00
June 1, 2017	\$ 1,037.50	\$ 5,274.00
June 1, 2018	\$ 1,347.50	\$ 6,570.00
June 1, 2019	\$ 1,674.00	\$ 7,833.00
June 1, 2020	\$ 2,018.00	\$ 9,064.00
June 1, 2021	\$ 2,380.50	\$ 10,268.00
June 1, 2022	\$ 2,763.00	\$ 11,449.00
June 1, 2023	\$ 3,166.00	\$ 12,604.00
June 1, 2024	\$ 3,591.00	\$ 13,735.00
June 1, 2025	\$ 4,039.50	\$ 14,845.00
June 1, 2026	\$ 4,512.50	\$ 15,936.00
June 1, 2027	\$ 5,013.00	\$ 17,019.00
June 1, 2028	\$ 5,542.50	\$ 18,095.00
June 1, 2029	\$ 6,104.00	\$ 19,173.00
June 1, 2030	\$ 6,699.50	\$ 20,260.00
June 1, 2031	\$ 7,333.00	\$ 21,364.00
June 1, 2032	\$ 8,007.50	\$ 22,488.00
June 1, 2033	\$ 8,726.00	\$ 23,634.00
June 1, 2034	\$ 9,491.50	\$ 24,802.00
June 1, 2035	\$ 10,310.00	\$ 26,004.00
June 1, 2036	\$ 11,186.50	\$ 27,250.00
June 1, 2037	\$ 12,152.00	\$ 28,612.00
June 1, 2038	\$ 13,183.50	\$ 30,028.00
June 1, 2039	\$ 14,249.00	\$ 31,425.00
June 1, 2040	\$ 15,444.00	\$ 33,006.00

RESERVE INTEREST RATE 4.00%
NONFORFEITURE INTEREST RATE 5.00%

INDEX

Definitions.....	Part 1
Payment of Proceeds	Part 2
Accelerated Death Payment.....	Part 3
Cash Values	Part 4
Return of Premium Benefit	Part 5
General Information.....	Part 6
Ownership of the Policy.....	Part 7
Premiums	Part 8
Renewal	Part 9
Conversion	Part 10
Reinstatement	Part 11
Beneficiary.....	Part 12

This policy is a legal contract between the Owner and Aflac.

READ YOUR POLICY CAREFULLY!

Part 1
DEFINITIONS

AGE AT ISSUE: the Named Insured's age on his or her last birthday prior to the Policy Effective Date.

ATTAINED AGE: the Named Insured's Age at Issue plus the number of completed policy years since the Policy Effective Date.

BENEFICIARY: the person or persons to receive the Proceeds upon the Named Insured's death.

CASH VALUE: the value shown in the Table of Cash Values. The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by the policy.

IMMEDIATE FAMILY: anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.

INDEBTEDNESS: all existing due and unpaid premiums, loans, or Liens secured by this policy, plus unpaid interest.

IN FORCE: the active status of the policy while the Named Insured remains insured under its terms.

INITIAL TERM EXPIRATION DATE: the date shown in the Policy Schedule. The Named Insured's initial term period is 30 years.

INTERMEDIATE ENDOWMENT PERIOD: the Named Insured's initial term period, which is 30 years.

INTERMEDIATE PERIOD ENDOWMENT BENEFIT (ALSO KNOWN AS RETURN OF PREMIUM BENEFIT): the benefit that will be paid upon the Initial Term Expiration Date as shown on the Table of Cash Values. Indebtedness will reduce the actual benefit.

LAPSE: termination of the policy if any premium remains unpaid after the grace period.

LIEN: our right to or interest in the policy benefits, death benefits, Cash Values, and/or policy loans that are established as a result of your Indebtedness to us.

LOAN VALUE: the maximum amount that may be borrowed under the loan provisions.

NAMED INSURED: the person whose life is insured under the policy and is named as such on the Policy Schedule. The Named Insured is not the person insured in any spouse or child rider.

OWNER: the Named Insured is the Owner of this policy, unless otherwise indicated on the application or unless a change of ownership has been made.

PHYSICIAN: a person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

POLICY EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Policy Effective Date **is not** the date the Named Insured signed the application for coverage. Policy years and policy anniversaries are measured in 12-month increments from the Policy Effective Date.

PROCEEDS: the amount we are obligated to pay under the terms of this policy.

REINSTATE: to restore coverage after this policy has Lapsed.

TERMINATE: to end this policy.

WRITTEN REQUEST: a request delivered to us and signed by you.

Part 2

PAYMENT OF PROCEEDS

WHAT ARE THE PROCEEDS UPON THE DEATH OF THE NAMED INSURED? All amounts payable under this policy will be paid in a lump sum. The amount payable will be:

- The amount of insurance then In Force,
- Plus any amounts of insurance provided by any applicable In-Force Named Insured-only rider(s) attached to this policy,
- Plus a refund of any portion of premium paid for a period beyond the date of death,
- Less any premium due,
- Less any Accelerated Death Payment previously paid, and
- Less the amount of any Indebtedness.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

WHEN WILL DEATH PROCEEDS BE PAID? We will pay the benefits when we receive proof satisfactory to us that the Named Insured's death occurred while this policy was In Force. If the proceeds or refunds of premiums are not paid within 30 days after proof of death of the Named Insured has been furnished to us, we will pay interest upon the proceeds or refunds of premiums at the rate of eight percent per year.

Part 3
ACCELERATED DEATH PAYMENT

WHAT IS AN ACCELERATED DEATH PAYMENT? It is the amount requested to be paid to you as a result of the Named Insured's having a Terminal Condition. Any Accelerated Death Payment amount requested will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge.

WHAT IS A TERMINAL CONDITION? It is a condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

WHAT DOES THIS PAYMENT PROVIDE? We will pay you, for the Named Insured's Terminal Condition, an Accelerated Death Payment of 50% of the original amount of insurance shown in the Policy Schedule. We will make only one Accelerated Death Payment under this policy.

IS THERE AN ADMINISTRATIVE CHARGE FOR THIS PAYMENT? An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment.

WHAT IS THE EFFECT ON THE POLICY AFTER THE ACCELERATED DEATH PAYMENT HAS BEEN MADE? When an Accelerated Death Payment is made under this policy, a Lien will automatically attach to the death benefit, policy benefits, Cash Values, any outstanding policy loans, and/or any other policy Liens in existence under the policy. This Lien will limit the amount available for any surrender or policy loans. Cash Values and policy loans will be available only to the extent that the Cash Value less the Lien exceeds any loan balance. Upon the death of the Named Insured, we will deduct the Lien amount from any Proceeds.

IS A TERMINAL CONDITION DIAGNOSIS REQUIRED? We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, or if outside the United States, within the territorial limits of the place where your policy was issued, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

Part 4
CASH VALUES

Cash Values build throughout the initial term period of this policy. If you surrender or Lapse this policy, you can receive this value based on the Table of Cash Values. This benefit is not payable upon the Named Insured's death.

The values shown in the Table of Cash Values assume no Indebtedness. The value between any two consecutive policy anniversaries shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive anniversaries. The values may be borrowed, used to provide paid-up life, or taken in cash upon surrender of this policy, subject to the following provisions.

ARE LOANS AVAILABLE? After this policy accumulates a Cash Value, we will make a loan subject to the following conditions:

- The maximum amount loaned will be the Cash Value of this policy at the end of the policy year in which the loan is made:
 - less any existing loan,
 - less interest on the amount of the loan to the end of the policy year, and
 - less premiums payable under this policy to the end of the policy year.
- Interest at the loan interest rate shown in the Policy Schedule must be paid annually in advance on the loan. Interest not paid when due will be added to the loan and will bear interest at the same rate.
- The loan must be secured by satisfactory assignment of this policy. The loan will constitute a first Lien on this policy in our favor.

Unless the loan has been repaid under a nonforfeiture option, any part of the loan may be repaid during the Named Insured's lifetime. Failure to repay the loan will not Terminate this policy unless the loan exceeds the Loan Value of this policy and until 31 days after we have mailed notice of Termination to your last known address and any assignee of record.

WHAT ARE THE NONFORFEITURE PROVISIONS? After this policy accumulates a Cash Value, if any premium remains unpaid after the grace period, this policy may be continued or surrendered under one of the following options:

Option 1. Cash Surrender – This policy may be surrendered for its net Cash Value.

Option 2. Reduced Paid-Up Life Insurance – This policy may be continued from the due date of the unpaid premium as nonparticipating paid-up term life insurance for a reduced amount to the end of the initial term period. The amount of insurance will be determined by applying the net Cash Value as a net single premium at the Named Insured's Attained Age for such insurance.

The following conditions will apply:

- You may select one of the options above by written notice filed at Aflac Worldwide Headquarters.
- If no option is selected, Option 2 will apply.
- No insurance continued under Option 2 will include any rider benefits provided by any other benefit made part of this policy.
- Any insurance provided under Option 2 may be surrendered for its net Cash Value. If the surrender is made within 31 days after any policy anniversary, the Cash Value will not be less than its Cash Value on that anniversary.
- Option 1 may be selected in writing within three months following the due date of the unpaid premium. The policy will Terminate upon payment of Cash Value.

WHEN WILL THE CASH VALUE AND LOANS BE PAID? We may delay the payment of the Cash Value or the making of a loan for a period of not more than six months after we receive Written Request for the Cash Value or loan. This provision will not apply to any loan made to pay premiums due us.

WHAT IS THE BASIS OF COMPUTATION? Nonforfeiture values are based on the 2001 Commissioners' Standard Ordinary Mortality Table and on the nonforfeiture interest rate shown in the Table of Cash Values.

Cash Values and nonforfeiture benefits are not less than the minimum values or benefits required by the law of the state in which this policy is delivered. Values are calculated assuming the basic life benefit is payable at death and premiums are paid annually in advance. The Cash Values appear in the Table of Cash Values.

The method of computation of Cash Values and nonforfeiture benefits has been filed as required with the insurance department of the state in which this policy is delivered. The Cash Value is calculated by the standard nonforfeiture method using the annual nonforfeiture factors.

The value of any paid-up life insurance is the net single premium then required for such insurance.

Part 5

RETURN OF PREMIUM BENEFIT

If you maintain this policy In Force to the end of its initial term period, Aflac will pay you this benefit as shown in the Table of Cash Values.

This benefit is based upon the annualized premium paid for this policy (**not including** any other attached benefit riders) to be calculated at the original premium in effect on the Policy Effective Date. This policy must remain In Force for 30 consecutive years for you to obtain the maximum refund of premiums paid.

This benefit is not payable upon the Named Insured's death. In no event will the Return of Premium Benefit continue after the Initial Term Period of 30 years.

Part 6

GENERAL INFORMATION

WHAT IS THE CONTRACT WITH US? This policy is issued in consideration of the application and the first premium payment. This policy, the application, any attached rider(s), and any attached amendments constitute the entire contract.

In the absence of fraud, we consider statements made in the application to be representations and not warranties. This policy may be contested if we rely on material misrepresentation in the application. However, except for nonpayment of premiums, we may not contest this policy after it has been In Force during the Named Insured's lifetime for two years from the Policy Effective Date. If the law of the state where the policy is delivered provides for a shorter contestable period, that law will govern.

No change or waiver of any of the provisions of the policy will be valid unless made in writing and signed by Aflac's president and secretary. This policy does not participate in our profits or surplus.

WHAT IF THE NAMED INSURED'S AGE OR SEX HAS BEEN MISSTATED? If the Named Insured's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

CAN YOU ASSIGN THIS POLICY? You may assign this policy. The assignment will not be binding on us unless it is submitted in writing and filed with us at Aflac Worldwide Headquarters. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Aflac prior to receipt of the assignment notice. We will not be responsible for determining the validity or effect of any assignment.

Any claim made by an assignee will be subject to proof of the assignment. The interest of any Beneficiary is subject to the interest of the assignee.

IS THERE A BENEFIT LIMITATION IF THE NAMED INSURED COMMITS SUICIDE? If the Named Insured commits suicide or if anyone covered by any additional rider(s) commits suicide, while sane or insane, within two years from the Policy or rider Effective Date, benefits will be limited to a refund of all premiums paid, less any Indebtedness.

CAN CREDITORS GET THE PROCEEDS? Unless assigned, Proceeds payable to a Beneficiary will be free from the claims of creditors to the extent allowable by law.

Part 7

OWNERSHIP OF THE POLICY

WHO IS THE OWNER OF THIS POLICY? You are the Owner of the policy unless a change of ownership has been made. All rights and benefits available under this policy while the Named Insured is alive belong to you, the Owner. If you die before the Named Insured, all ownership rights then belong to your estate. Your rights are subject to the rights of any assignee or living Beneficiary when the designation is irrevocable.

HOW DO YOU EXERCISE YOUR RIGHTS OR TRANSFER OWNERSHIP? During your lifetime, you may exercise all of the rights under this policy by making a Written Request. This includes the right to change the ownership. If you transfer ownership of this policy, your ownership rights Terminate and the new Owner will be entitled to all rights available under this policy. To transfer ownership, we must receive a Written Request from you on a form satisfactory to us during the lifetime of the Named Insured. The written consent of any irrevocable Beneficiary on a form satisfactory to us is also required. Your Written Request, once recorded in our worldwide headquarters, will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments received by us before transfer has been recorded by us.

Part 8

PREMIUMS

WHEN AND WHERE DO YOU PAY YOUR PREMIUMS? Your first premium, shown in the Policy Schedule, is due as of the Policy Effective Date and must be paid before coverage begins. Subsequent premiums are due in advance of the period they are to cover.

All premiums may be paid to us at our worldwide headquarters. You may change the frequency of the premium payments, subject to our approval.

When premiums due under a rider are no longer required, we will reduce the premium by that amount.

CAN YOU PAY A PREMIUM AFTER THE DATE IT IS DUE? We allow each premium, after the first one, to be paid within the 31-day period immediately following the date it is due. These 31 days are called the “grace period.” If you have a claim during the grace period, we will deduct any unpaid premium from the amount we would otherwise pay.

WHAT HAPPENS IF YOUR PREMIUM IS NOT PAID BY THE END OF THE GRACE PERIOD? If any premium remains unpaid at the end of the grace period, your policy will Lapse and no further premium payment may be made except as provided by the Reinstatement provision.

Part 9

RENEWAL

WHAT IS THE TERM PERIOD? The Named Insured's initial term period of this policy is 30 years. The term period begins on the Policy Effective Date. The term period ends on the policy anniversary date at the end of the initial term period, unless it is renewed. You have an option to renew this policy annually for a 12-month term period. If renewed, the term period will begin on the date of renewal and will be annually renewable thereafter. No renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday

HOW DO YOU RENEW THIS POLICY? If this policy is In Force at the end of a term period, you may renew it for another term period without evidence of the Named Insured's insurability. To renew this policy, you must pay the proper premium shown in the policy data under Schedule of Guaranteed Policy Premiums in the Policy Schedule. Payment must be made within 31 days after the end of the expiring term period. After the initial term period of 30 years, each subsequent renewal will be for one year. Renewal will begin when the preceding term period ends. Also, no renewal term period is allowed to begin on or after the policy anniversary date following the Named Insured's 95th birthday.

Part 10

CONVERSION

CAN THIS POLICY BE CONVERTED? While the policy is In Force, you may convert it to an individual permanent life policy without evidence of the Named Insured's insurability, subject to the additional requirements stated below.

WHAT WILL BE THE DATE OF CONVERSION? The date of conversion will be the date all of the following conditions are satisfied:

- We receive your Written Request for conversion,
- You surrender this policy, and
- You pay the premium due on the new policy.

ARE THERE ANY ADDITIONAL REQUIREMENTS? The period of time described in the incontestability and suicide provisions of the new policy will be measured from the Policy Effective Date of the original policy. However, for any benefit or rider requiring our consent to be added to the new policy, that period of time will be measured from the date of conversion.

In addition:

- The new policy must be an individual permanent life or endowment policy that we currently issue;
- The date of conversion must be the earlier of the end of the initial term period or on or before the policy anniversary date following the Named Insured's 65th birthday;
- The face amount of insurance of the new policy must be equal to or less than the face amount of insurance In Force under this policy on the date of conversion and must meet our requirements for minimum policy size on that date. If you have applied for or received an Accelerated Death Payment, the face amount for the converted policy will be reduced by any Indebtedness incurred under this policy, limited to the remaining amounts available under the term policy;
- We will issue the new policy on the underwriting classification of this policy;
- We must receive written notice requesting conversion at least 31 days prior to the final conversion date;
- We will issue the new policy as of the date of conversion at the Named Insured's age on that date (premiums for the new policy will be based on our premium rates on the date of conversion and the Named Insured's age on that date); and
- Any riders may be attached to the new policy only with our consent.

Part 11

REINSTATEMENT

CAN THE POLICY BE RESTORED TO A PREMIUM-PAYING BASIS AFTER IT LAPSES? You may request to have this policy Reinstated at any time within five years after it Lapses, unless the policy is surrendered for the Cash Value. To Reinstatement, we will require from you:

- An Aflac reinstatement application,
- Evidence of the Named Insured's insurability (at your expense), and
- Payment of all past-due premiums with annual interest at the interest rate shown in the Policy Schedule.

The policy will be Reinstated if we approve the Reinstatement.

Part 12

BENEFICIARY

TO WHOM WILL WE PAY THE PROCEEDS? Unless assigned, we will pay the Proceeds to the Beneficiary named in the application for this policy, unless you have subsequently changed the Named Insured's Beneficiary. In that event, we will pay the Proceeds to the Beneficiary named in your last change of Beneficiary request of record. If you name a minor child as the Beneficiary, any benefits due to the Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or until such Beneficiary reaches the age of majority as defined by your state. If any Beneficiary is disqualified from receiving the Proceeds by operation of law, then the Proceeds will be paid as though that Beneficiary died before the Named

Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's disqualification.

WHAT HAPPENS IF A BENEFICIARY DIES? When a Beneficiary dies before the Named Insured, the interest of the Beneficiary Terminates. Only those Beneficiaries surviving the Named Insured will be eligible to share in the Proceeds. If a Beneficiary does not survive the Named Insured by 15 days, the Proceeds will be paid as though the Beneficiary died before the Named Insured, unless we have paid the Proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Named Insured, we will pay the Proceeds to the Named Insured's estate.

CAN THE BENEFICIARY BE CHANGED? You may change the Named Insured's Beneficiary at any time during the Named Insured's lifetime by making a Written Request. The Written Request will not be effective until we have recorded it at Aflac Worldwide Headquarters. After it has been recorded, the request will be effective as of the date it is signed. However, the Named Insured's dying before the request is recorded will not affect those Proceeds we have already paid.

CAN BENEFITS BE PAID OTHER THAN IN A LUMP SUM? Benefits may be paid in any manner agreeable to the Beneficiary and us.

**THIS IS A 30-YEAR TERM INSURANCE POLICY WITH AN ACCELERATED DEATH BENEFIT
AND AN INTERMEDIATE PERIOD ENDOWMENT BENEFIT.**

THE POLICY HAS A CONVERSION PRIVILEGE. PROCEEDS ARE PAYABLE AT DEATH.

THIS IS A NONPARTICIPATING POLICY; NO DIVIDENDS ARE PAYABLE.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

This **SPOUSE 10-YEAR TERM LIFE INSURANCE RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

WHEN DOES THIS RIDER BECOME EFFECTIVE? This rider becomes effective on the Policy Effective Date unless otherwise stated in the Policy Schedule.

WHAT DOES THIS RIDER PROVIDE? This rider provides life insurance coverage on the Named Insured's spouse. "The Named Insured's spouse" is defined as the person to whom the Named Insured is legally married and who is listed in the application for coverage. For benefits to be payable, we must receive proof that the Named Insured's spouse died while this rider was In Force.

WHAT IS THE AMOUNT OF INSURANCE ON THE SPOUSE? The amount of insurance for this rider on the Named Insured's spouse is listed in the Policy Schedule. We will pay the Death Benefit to:

- The Named Insured, if living; otherwise,
- The Named Insured's spouse's estate.

If the Named Insured and the Named Insured's spouse die at the same time, we will pay this benefit to the Named Insured's spouse's estate.

WHAT IF THE SPOUSE'S AGE OR SEX HAS BEEN MISSTATED? If the spouse's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

WHEN CAN THIS RIDER BE CONVERTED? Upon the Named Insured's death or the dissolution of marriage, the Named Insured's spouse can convert to an individual permanent life policy that we currently issue with the same or a lesser face amount than the policy to which this rider is attached. No evidence of insurability will be needed. To exercise the right of conversion, an application signed by the Named Insured's spouse or ex-spouse must be sent to us within 31 days after the Named Insured's death or dissolution of marriage. Conversions are not available for the Named Insured's spouse or ex-spouse unless he or she is age 65 or younger.

WHAT WILL BE THE DATE OF CONVERSION? The conversion will be processed when the following conditions are satisfied:

- We receive Written Request for conversion, and
- We receive the premium due on the new policy.

Premiums for the new policy will be those in effect when the new policy is issued. We will base the premium on the Named Insured's spouse's age at issue plus the number of completed rider years since the rider effective date.

The new policy will become effective only if the person to be insured is living on the conversion date. If, however, a person is entitled to a new policy but dies during the 31-day period within Form A64050

which we allow application for the new policy, we will pay the amount of insurance that was In Force under this rider for that person.

WHAT IS THE TERM PERIOD? The term period of this rider is 10 years. The term period begins on the date this rider becomes effective and is not renewable.

WHAT IS THE COST? The annual premium for this rider is shown in the Policy Schedule.

If this rider Terminates, the total annual premium for the policy will be reduced accordingly.

WHEN WILL THIS RIDER TERMINATE? This rider will Terminate on the earliest of:

- The date we receive your Written Request to cancel this rider or policy;
- The date any premium remains unpaid after the end of the grace period;
- The date the policy is surrendered or continued under the nonforfeiture option, if any;
- The date of dissolution of marriage (you or the Named Insured must notify Aflac, in writing, of the date of dissolution before the premium reduction can be made);
- The date the policy Terminates; or
- The rider anniversary date following the end of the term period.

GENERAL: This rider is a part of the policy to which it is attached. All provisions of the policy that do not conflict with the rider provisions will also apply to this rider. This rider has no Cash Value or Loan Value, and does not participate in dividends, nor is it subject to any Intermediate Period Endowment Benefit (Return of Premium Benefit).

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

This **SPOUSE 20-YEAR TERM LIFE INSURANCE RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

WHEN DOES THIS RIDER BECOME EFFECTIVE? This rider becomes effective on the Policy Effective Date unless otherwise stated in the Policy Schedule.

WHAT DOES THIS RIDER PROVIDE? This rider provides life insurance coverage on the Named Insured's spouse. "The Named Insured's spouse" is defined as the person to whom the Named Insured is legally married and who is listed in the application for coverage. For benefits to be payable, we must receive proof that the Named Insured's spouse died while this rider was In Force.

WHAT IS THE AMOUNT OF INSURANCE ON THE SPOUSE? The amount of insurance for this rider on the Named Insured's spouse is listed in the Policy Schedule. We will pay the Death Benefit to:

- The Named Insured, if living; otherwise,
- The Named Insured's spouse's estate.

If the Named Insured and the Named Insured's spouse die at the same time, we will pay this benefit to the Named Insured's spouse's estate.

WHAT IF THE SPOUSE'S AGE OR SEX HAS BEEN MISSTATED? If the spouse's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

WHEN CAN THIS RIDER BE CONVERTED? Upon the Named Insured's death or the dissolution of marriage, the Named Insured's spouse can convert to an individual permanent life policy that we currently issue with the same or a lesser face amount than the policy to which this rider is attached. No evidence of insurability will be needed. To exercise the right of conversion, an application signed by the Named Insured's spouse or ex-spouse must be sent to us within 31 days after the Named Insured's death or dissolution of marriage. Conversions are not available for the Named Insured's spouse or ex-spouse unless he or she is age 65 or younger.

WHAT WILL BE THE DATE OF CONVERSION? The conversion will be processed when the following conditions are satisfied:

- We receive Written Request for conversion, and
- We receive the premium due on the new policy.

Premiums for the new policy will be those in effect when the new policy is issued. We will base the premium on the Named Insured's spouse's age at issue plus the number of completed rider years since the rider effective date.

The new policy will become effective only if the person to be insured is living on the conversion date. If, however, a person is entitled to a new policy but dies during the 31-day period within

which we allow application for the new policy, we will pay the amount of insurance that was In Force under this rider for that person.

WHAT IS THE TERM PERIOD? The Named Insured spouse's initial term period for this rider is 20 years. The term period begins on the date this rider becomes effective. The term period ends on the rider anniversary date at the end of the initial term period unless it is renewed. You have an option to renew this rider annually for a 12-month term period, if the policy to which it is attached is In Force. If renewed, the term period will begin on the date of renewal and will be annually renewable, thereafter. No renewal term period is allowed to begin on or after the rider anniversary date following the Named Insured's spouse's 95th birthday.

HOW DO YOU RENEW THIS RIDER? If this rider is In Force at the end of a term period, you may renew it for another term period without evidence of the Named Insured's spouse's insurability. To renew this rider, you must pay the proper premium shown in the policy data under Schedule of Guaranteed Premiums for the Spouse rider in the Policy Schedule. Payment must be made within 31 days after the end of the expiring term period. After the initial term period of 20 years, each subsequent renewal will be for one year. Renewal will begin when the preceding term period ends. Also, no renewal term period is allowed to begin on or after the rider anniversary date following the Named Insured spouse's 95th birthday.

WHAT IS THE COST? The annual premium for this rider is shown in the Policy Schedule.

If this rider Terminates, the total annual premium for the policy will be reduced accordingly.

WHEN WILL THIS RIDER TERMINATE? This rider will Terminate on the earliest of:

- The date we receive your Written Request to cancel this rider or policy;
- The date any premium remains unpaid after the end of the grace period;
- The date the policy is surrendered or continued under the nonforfeiture option, if any;
- The date of dissolution of marriage (you or the Named Insured must notify Aflac, in writing, of the date of dissolution before the premium reduction can be made);
- The date the policy Terminates; or
- The rider anniversary date following the end of the term period, unless renewed.

GENERAL: This rider is a part of the policy to which it is attached. All provisions of the policy that do not conflict with the rider provisions will also apply to this rider. This rider has no Cash Value or Loan Value, and does not participate in dividends, nor is it subject to any Intermediate Period Endowment Benefit (Return of Premium Benefit).

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

This **SPOUSE 30-YEAR TERM LIFE INSURANCE RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

WHEN DOES THIS RIDER BECOME EFFECTIVE? This rider becomes effective on the Policy Effective Date unless otherwise stated in the Policy Schedule.

WHAT DOES THIS RIDER PROVIDE? This rider provides life insurance coverage on the Named Insured's spouse. "The Named Insured's spouse" is defined as the person to whom the Named Insured is legally married and who is listed in the application for coverage. For benefits to be payable, we must receive proof that the Named Insured's spouse died while this rider was In Force.

WHAT IS THE AMOUNT OF INSURANCE ON THE SPOUSE? The amount of insurance for this rider on the Named Insured's spouse is listed in the Policy Schedule. We will pay the Death Benefit to:

- The Named Insured, if living; otherwise,
- The Named Insured's spouse's estate.

If the Named Insured and the Named Insured's spouse die at the same time, we will pay this benefit to the Named Insured's spouse's estate.

WHAT IF THE SPOUSE'S AGE OR SEX HAS BEEN MISSTATED? If the spouse's age or sex has been misstated on the application, the benefits provided will be those that the premiums paid would have bought for the correct age or sex.

WHEN CAN THIS RIDER BE CONVERTED? Upon the Named Insured's death or the dissolution of marriage, the Named Insured's spouse can convert to an individual permanent life policy that we currently issue with the same or a lesser face amount than the policy to which this rider is attached. No evidence of insurability will be needed. To exercise the right of conversion, an application signed by the Named Insured's spouse or ex-spouse must be sent to us within 31 days after the Named Insured's death or dissolution of marriage. Conversions are not available for the Named Insured's spouse or ex-spouse unless he or she is age 65 or younger.

WHAT WILL BE THE DATE OF CONVERSION? The conversion will be processed when the following conditions are satisfied:

- We receive Written Request for conversion, and
- We receive the premium due on the new policy.

Premiums for the new policy will be those in effect when the new policy is issued. We will base the premium on the Named Insured's spouse's age at issue plus the number of completed rider years since the rider effective date.

The new policy will become effective only if the person to be insured is living on the conversion date. If, however, a person is entitled to a new policy but dies during the 31-day period within

which we allow application for the new policy, we will pay the amount of insurance that was In Force under this rider for that person.

WHAT IS THE TERM PERIOD? The Named Insured spouse's initial term period for this rider is 30 years. The term period begins on the date this rider becomes effective. The term period ends on the rider anniversary date at the end of the initial term period unless it is renewed. You have an option to renew this rider annually for a 12-month term period, if the policy to which it is attached is In Force. If renewed, the term period will begin on the date of renewal and will be annually renewable, thereafter. No renewal term period is allowed to begin on or after the rider anniversary date following the Named Insured's spouse's 95th birthday.

HOW DO YOU RENEW THIS RIDER? If this rider is In Force at the end of a term period, you may renew it for another term period without evidence of the Named Insured's spouse's insurability. To renew this rider, you must pay the proper premium shown in the policy data under Schedule of Guaranteed Premiums for the Spouse rider in the Policy Schedule. Payment must be made within 31 days after the end of the expiring term period. After the initial term period of 30 years, each subsequent renewal will be for one year. Renewal will begin when the preceding term period ends. Also, no renewal term period is allowed to begin on or after the rider anniversary date following the Named Insured spouse's 95th birthday.

WHAT IS THE COST? The annual premium for this rider is shown in the Policy Schedule.

If this rider Terminates, the total annual premium for the policy will be reduced accordingly.

WHEN WILL THIS RIDER TERMINATE? This rider will Terminate on the earliest of:

- The date we receive your Written Request to cancel this rider or policy;
- The date any premium remains unpaid after the end of the grace period;
- The date the policy is surrendered or continued under the nonforfeiture option, if any;
- The date of dissolution of marriage (you or the Named Insured must notify Aflac, in writing, of the date of dissolution before the premium reduction can be made);
- The date the policy Terminates; or
- The rider anniversary date following the end of the term period, unless renewed.

GENERAL: This rider is a part of the policy to which it is attached. All provisions of the policy that do not conflict with the rider provisions will also apply to this rider. This rider has no Cash Value or Loan Value, and does not participate in dividends, nor is it subject to any Intermediate Period Endowment Benefit (Return of Premium Benefit).

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

This **CHILD TERM LIFE INSURANCE RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

WHEN DOES THIS RIDER BECOME EFFECTIVE? This rider becomes effective on the Policy Effective Date unless otherwise stated in the Policy Schedule.

WHAT DOES THIS RIDER PROVIDE? This rider provides life insurance coverage on the Named Insured's dependent children. For benefits to be payable, we must receive proof that the insured child died while this rider was In Force.

WHO IS CONSIDERED AN INSURED CHILD? An "insured child" means the Named Insured's or the Named Insured's spouse's natural child, stepchild or legally adopted child. To become insured, the child must be at least 14 days old and younger than 18 years old. Insurance on each child will become effective on the later of: (1) the date the child attains the age of 14 days or (2) the date the child is first released from the hospital after birth. A child will no longer be an insured child after the rider anniversary following the child's 25th birthday. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as covered persons under this rider. You must notify Aflac in writing of any changes that will affect this rider. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.

WHAT IS THE AMOUNT OF INSURANCE ON THE NAMED INSURED'S CHILD? The amount of insurance for this rider on each insured child is listed in the Policy Schedule. We will pay the Death Benefit to:

- The Named Insured, if living; otherwise,
- The insured child's estate.

If the Named Insured and the insured child die at the same time, we will pay this benefit to the insured child's estate.

CAN THIS RIDER BE CONVERTED? When the original term of insurance on the Named Insured's dependent child ends for any reason other than nonpayment of premium, this rider may be converted. The new policy must be an individual permanent life policy that we currently issue. The face amount of insurance will be no more than twice the face amount of this rider. No evidence of insurability will be needed. To exercise the right of conversion, an application signed by the applicant or insured child must be sent to us within 31 days after the date the child's insurance is no longer In Force.

WHAT WILL BE THE DATE OF CONVERSION? The conversion will be processed when the following conditions are satisfied:

- We receive Written Request for conversion, and
- We receive the premium due on the new policy.

Premiums for the new policy will be those in effect when the new policy is issued. We will base the premium on the insured child's age at issue plus the number of completed rider years since the rider effective date.

The new policy will become effective only if the person to be insured is living on the conversion date. If, however, a person is entitled to a new policy but dies during the 31-day period within which we allow application for the new policy, we will pay the amount of insurance that was In Force under this rider for that person.

WHAT HAPPENS IF THE NAMED INSURED DIES? If the Named Insured dies while this rider is In Force, this rider will continue with no further payment of premiums. An insured child will no longer be covered under this rider after the rider anniversary following the child's 25th birthday.

WHAT IS THE TERM PERIOD? The term period of this rider is the rider anniversary date after the youngest insured child's 25th birthday. The term period begins on the date the rider becomes effective and is not renewable.

WHAT IS THE COST? The initial annual premium for this rider is shown in the Policy Schedule.

If this rider Terminates, the total annual premium for the policy will be reduced accordingly.

WHEN WILL THIS RIDER TERMINATE? This rider will Terminate on the earliest of:

- The date we receive your Written Request to cancel this rider or policy;
- The date any premium remains unpaid after the end of the grace period;
- The date the policy is surrendered or continued under a nonforfeiture option, if any;
- The date the policy Terminates;
- The rider anniversary date after the youngest insured child's 25th birthday; or
- The rider anniversary date following the end of the term period.

GENERAL: This rider is a part of the policy to which it is attached. All provisions of the policy that do not conflict with the rider provisions will also apply to this rider. This rider has no Cash Value or Loan Value and does not participate in dividends, nor is it subject to any Intermediate Period Endowment Benefit (Return of Premium Benefit).

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

This **ACCIDENTAL-DEATH BENEFIT RIDER** is for the Named Insured **only**. It is a part of the policy and is subject to all policy provisions unless modified herein.

WHEN DOES THIS RIDER BECOME EFFECTIVE? This rider becomes effective on the Policy Effective Date unless otherwise stated in the Policy Schedule.

ACCIDENTAL-DEATH BENEFIT: While this rider is In Force, we will pay the Beneficiary an additional amount equal to the face amount of insurance, as shown in the Policy Schedule, when we receive proof satisfactory to us that the Named Insured's death resulted from accidental injury.

WHAT DOES DEATH BY ACCIDENTAL INJURY MEAN? Death by accidental injury, as used in this agreement, means that the Named Insured's death must:

- Occur as the direct result of an injury. "Injury" means bodily injury caused by an accident. "Accident" means a sudden, unexpected, unusual, specific, and abrupt event. Such event must occur by chance at an identifiable time and place;
- Occur as a result of a cause other than one stated under What Risks Are Not Assumed?;
- Occur on or after the Effective Date of this rider;
- Occur while this rider is In Force; and
- Be independent of sickness, disease, bodily infirmity, or any other cause.

Death must occur as a direct result of injuries sustained in a covered accident and must occur within 180 days of such accident.

SEATBELT BENEFIT: While this rider is In Force, we will pay the Beneficiary an additional amount equal to 25% of the face amount of insurance shown in the Policy Schedule, when we receive proof satisfactory to us that the Named Insured's accidental death resulted from an automobile accident while the Named Insured was wearing an unaltered, properly fastened seatbelt, installed by the automobile's manufacturer, and the Named Insured was not at fault for the accident according to the police report.

WHAT RISKS ARE NOT ASSUMED? Benefits under this rider will not be payable if the Named Insured's death results from or is caused by:

- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); being incarcerated in any type penal institution; or participating in a riot;
- Being exposed to war or any act of war, declared or undeclared;

- Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
- Participating in any hazardous activities to include sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing;
- Operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft;
- Having any infirmity, illness, or disease, including a bacterial infection, unless such bacterial infection also occurred simultaneously with and in consequence of a covered accident; or an error, mishap, or malpractice during medical or surgical treatment, including diagnosis, for any infirmity, illness, or disease;
- Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred); or
- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes.

WHEN WILL THE ACCIDENTAL-DEATH BENEFIT RIDER TERMINATE? This rider will Terminate on the earliest of:

- The date we receive your Written Request to cancel this rider or policy;
- The date any premium remains unpaid after the end of the grace period;
- The date the policy is surrendered or continued under the nonforfeiture option, if any;
- The date the policy Terminates;
- The rider anniversary date following the Named Insured's 75th birthday;
- The rider anniversary date following the end of the term period; or
- Upon nonpayment of any separate premium for the Accelerated Death Payment, in accordance with the provisions of the policy, if applicable.

Termination shall not prejudice the payment of benefits for any Terminal Condition that occurred while the rider was In Force.

GENERAL: This rider is a part of the policy to which it is attached. All provisions of the policy that do not conflict with the rider provisions will also apply to this rider. This rider has no Cash Value or Loan Value and does not participate in dividends, nor is it subject to any Intermediate Period Endowment Benefit (Return of Premium Benefit).

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.

A handwritten signature in black ink, appearing to read "P. S. Amos II", with a stylized flourish at the end.

[
Paul S. Amos II, President

A handwritten signature in black ink, appearing to read "Joey M. Loudermilk", with a stylized flourish at the end.

Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

EXCLUSION RIDER

Name of insured(s) to which this rider applies _____

This rider is a part of the policy to which it is attached.

In consideration of the issuance or renewal of this policy, it is agreed that death benefits will not be payable as a result of participating in any hazardous activities to include sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft.

Proposed Insured's signature

Date

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

[Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company]

EXCLUSION RIDER

Name of insured(s) to which this rider applies _____

This rider is a part of the policy to which it is attached.

In consideration of the issuance or renewal of this policy, it is agreed that no benefits provided by the policy or any attached riders are payable for the person listed above.

Proposed Insured's signature

Date

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider effective date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**Aflac's Application for Payroll Life Insurance (A64000 Series)**

Policy Number _____

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]☐ New**Please Print in Black Ink – To Be Completed by Proposed Insured/Employee**Proposed Insured's/Employee's Name _____
Last First MIDOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/YearProposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ CellSecondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ NoWill the purchase of the spouse rider give your spouse more than \$50,000 total face value
of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ NoIs the purchase of this policy intended to replace any life insurance or annuity now in force?
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable. ☐ Yes ☐ No**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT****Payroll Billing Method****Mode**

- ☐
- Payroll Deduction
-
- ☐
- Bank Draft (B/D, ACH)
-
- ☐
- Credit Card (C/C)

- ☐
- 01 Weekly
-
- ☐
- 01 14-Day Biweekly
-
- ☐
- 01 Semimonthly
-
- ☐
- 01 28-Day Biweekly
-
- ☐
- 01 Monthly
-
- ☐
- 03 Quarterly
-
- ☐
- 06 Semiannual
-
- ☐
- 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Weekly, Semimonthly, 14-Day and 28-Day Biweekly modes are not available for Bank Draft and Credit Card Billing Methods.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

Total number of units for the Proposed Insured are limited as follows:

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of: (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end-stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times, or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12–17 IF (1) YOU ANSWERED YES TO QUESTION 11, OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
(if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB) PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

I certify that I personally saw the Proposed Insured when the application was completed, and each question was asked of the Proposed Insured and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494

MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].

**Aflac's Application for Payroll Life Insurance (A64000 Series)**Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Policy Number

☐ New**Please Print in Black Ink – To Be Completed by Proposed Insured/Employee**Proposed Insured's/Employee's Name _____
Last First MIDOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/YearProposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ CellSecondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ NoWill the purchase of the spouse rider give your spouse more than \$50,000 total face value
of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ NoIs the purchase of this policy intended to replace any life insurance or annuity now in force?
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable. ☐ Yes ☐ No**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT****Payroll Billing Method****Mode**

- ☐
- Payroll Deduction
-
- ☐
- Bank Draft (B/D, ACH)
-
- ☐
- Credit Card (C/C)

- ☐
- 01 Weekly
-
- ☐
- 01 14-Day Biweekly
-
- ☐
- 01 Semimonthly
-
- ☐
- 01 28-Day Biweekly
-
- ☐
- 01 Monthly
-
- ☐
- 03 Quarterly
-
- ☐
- 06 Semiannual
-
- ☐
- 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Weekly, Semimonthly, 14-Day and 28-Day Biweekly modes are not available for Bank Draft and Credit Card Billing Methods.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

Total number of units for the Proposed Insured are limited as follows:

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of: (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end-stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times, or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
- If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12–17 IF (1) YOU ANSWERED YES TO QUESTION 11, OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
 (if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB) PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**

Nonpayroll

Aflac's Application for Nonpayroll Life Insurance (A64000 Series)

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Policy Number

☐ New

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ ft. _____ in. Current Weight _____ lbs. SSN _____ - _____ - _____
Month/Day/Year (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Occupation _____ Employee ID No. (if required) _____

Owner's Name _____ Relationship to Proposed Insured _____
(if other than Proposed Insured)

Address _____
Street or Post Office Box Apt. No.

No.

City _____ State _____ ZIP Code _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any
nicotine delivery system? ☐ Yes ☐ No

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method

- ☐ Direct
☐ List Bill
☐ Bank Draft (B/D, ACH)
☐ Credit Card (C/C)

Mode

- ☐ 01 Monthly
☐ 03 Quarterly
☐ 06 Semiannual
☐ 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____ Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

CHECK COVERAGE DESIRED:

- ☐ Whole Life Policy (Series A64100) ☐ Automatic Premium Loan
☐ 10-Year Term Policy (Series A64200)
☐ 20-Year Term Policy (Series A64300)
☐ 30-Year Term Policy (Series A64500)

Issue Ages	Total Number of Units	Face Amount of Insurance
18-70		
18-70		
18-60		
18-50		

Optional Rider for the Proposed Insured Only

- ☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider

PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)

- ☐ Child Term Life Insurance Rider (Series A64053)

Issue Ages	Total Number of Units	Face Amount of Insurance
14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1-16

1. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
2. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
3. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
4. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No
6. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions? ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

7. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 1–7 was it the: ☐ Proposed Insured ☐ Child?

If child, please list the name(s) of the child(ren)

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the child, that person is not eligible to be covered under the policy or any rider(s).

8. Is anyone to be covered currently disabled due to sickness or injury or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
9. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
10. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory, or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF QUESTIONS 8–10, COMPLETE ITEM 11 BELOW.

11. Details to Questions 8–10

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 8					
Question 9					

Question 10					
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12. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ <small>(if no regular Physician, Physician last seen)</small>	Phone Number _____
Address _____	
Date Last Seen by Physician _____	Reason for Last Visit _____

13. Are you a citizen of the United States? ☐ Yes ☐ No
If no, copies of your permanent visa or proof of permanent residence must be submitted with application.

QUESTIONS 15–16 DO NOT APPLY TO THE CHILD RIDER.

14. Have you ever engaged in or within the next two years do you intend to engage in any hazardous sports or avocations such as sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft? ☐ Yes ☐ No

If yes, list the activity and frequency _____

15. In the next two years, do you intend to travel or reside outside the United States? ☐ Yes ☐ No

If yes, where? _____ When? _____

Purpose/Why? _____

Mode of travel? _____

Length of stay? _____

16. Are you currently employed?
If yes, what is your annual income? _____

☐ Yes ☐ No

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

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AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

**INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB)
PRENOTICE**

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

Owner, if Other Than Proposed Insured _____ on _____
Date

I certify that I personally saw the Proposed Insured when the application was completed, and each question was asked of the Proposed Insured and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature_____

Date_____ Associate's/Agent's Writing Number_____ Sit. Code_____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name_____

Associate's/Agent's Address_____ Telephone_____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**

Nonpayroll

Aflac's Application for Nonpayroll Life Insurance (A64000 Series)

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Policy Number

☐ New

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ ft. _____ in. Current Weight _____ lbs. SSN _____ - _____ - _____
Month/Day/Year (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Occupation _____ Employee ID No. (if required) _____

Owner's Name _____ Relationship to Proposed Insured _____
(if other than Proposed Insured)

Address _____
Street or Post Office Box Apt. No.

No.

City _____ State _____ ZIP Code _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any
nicotine delivery system? ☐ Yes ☐ No

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method

- ☐ Direct
☐ List Bill
☐ Bank Draft (B/D, ACH)
☐ Credit Card (C/C)

Mode

- ☐ 01 Monthly
☐ 03 Quarterly
☐ 06 Semiannual
☐ 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____ Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

CHECK COVERAGE DESIRED:

- ☐ Whole Life Policy (Series A64100) ☐ **Automatic Premium Loan**
☐ 10-Year Term Policy (Series A64200)
☐ 20-Year Term Policy (Series A64300)
☐ 30-Year Term Policy (Series A64500)

Issue Ages	Total Number of Units	Face Amount of Insurance
18-70		
18-70		
18-60		
18-50		

Optional Rider for the Proposed Insured Only

- ☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider

PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)

- ☐ Child Term Life Insurance Rider (Series A64053)

Issue Ages	Total Number of Units	Face Amount of Insurance
14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–16

- Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
- Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
- Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
- Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
- Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No
- Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions? ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

7. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 1–7 was it the: ☐ Proposed Insured ☐ Child?

If child, please list the name(s) of the child(ren)

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the child, that person is not eligible to be covered under the policy or any rider(s).

8. Is anyone to be covered currently disabled due to sickness or injury or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
9. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
10. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory, or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF QUESTIONS 8–10, COMPLETE ITEM 11 BELOW.

11. Details to Questions 8–10

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 8					
Question 9					

Question 10					
------------------------	--	--	--	--	--

12. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ (if no regular Physician, Physician last seen)	Phone Number _____
Address _____	
Date Last Seen by Physician _____	Reason for Last Visit _____

13. Are you a citizen of the United States? ☐ Yes ☐ No
If no, copies of your permanent visa or proof of permanent residence must be submitted with application.

QUESTIONS 15–16 DO NOT APPLY TO THE CHILD RIDER.

14. Have you ever engaged in or within the next two years do you intend to engage in any hazardous sports or avocations such as sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft? ☐ Yes ☐ No

If yes, list the activity and frequency _____

15. In the next two years, do you intend to travel or reside outside the United States? ☐ Yes ☐ No

If yes, where? _____ When? _____

Purpose/Why? _____

Mode of travel? _____

Length of stay? _____

16. Are you currently employed?
If yes, what is your annual income? _____

☐ Yes ☐ No

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

**INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB)
PRENOTICE**

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

Owner, if Other Than Proposed Insured _____ on _____
Date

To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**



Aflac's Application for Life Insurance (A64000 Series) Application to American Family Life Assurance Company of Columbus (Aflac) [Worldwide Headquarters • Columbus, Georgia 31999]	Policy Number <input type="checkbox"/> New
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Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value (\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Will the purchase of the spouse rider give your spouse more than \$50,000 total face value of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT	
Union Billing Method	Mode
<input type="checkbox"/> Direct	<input type="checkbox"/> 01 Monthly
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 03 Quarterly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> List bill	<input type="checkbox"/> 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

***Total number of units for the Proposed Insured are limited as follows:**

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine, and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for:

☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for:

☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed?

☐ Yes ☐ No

If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12-17 IF (1) YOU ANSWERED YES TO QUESTION 11 OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer?

☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No

14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ (if no regular Physician, Physician last seen)	Phone Number _____
Address _____	
Date Last Seen by Physician _____	Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB) PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

I certify that I personally saw the Proposed Insured when the application was completed, and each question was asked of the Proposed Insured and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**



Aflac's Application for Life Insurance (A64000 Series) Application to American Family Life Assurance Company of Columbus (Aflac) [Worldwide Headquarters • Columbus, Georgia 31999]	Policy Number <input type="checkbox"/> New
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value (\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Will the purchase of the spouse rider give your spouse more than \$50,000 total face value of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Union Billing Method	Mode
<input type="checkbox"/> Direct	<input type="checkbox"/> 01 Monthly
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 03 Quarterly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> List bill	<input type="checkbox"/> 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

***Total number of units for the Proposed Insured are limited as follows:**

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine, and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for:

☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for:

☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed?

☐ Yes ☐ No

If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12-17 IF (1) YOU ANSWERED YES TO QUESTION 11 OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer?

☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
 (if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

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"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

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Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

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I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**

APPLICATION FOR REINSTATEMENT/CHANGE FORM
Policy Series A64000
ATTENTION: POLICYHOLDER SERVICES
American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters: Columbus, GA 31999
For information call toll-free 1-800-99-AFLAC (1-800-992-3522)
Fax number - 1-800-448-8922]

Name of Policyholder _____			SSN _____	
Last	First	M	optional	
Policy Number _____		Date of Birth _____		
(The following is required for reinstatement only)				
Height _____		ft.	in.	Current Weight _____
lbs				
Current Address of Policyholder _____				
City _____		State _____	ZIP _____	Telephone No. _____
E-mail Address (optional) _____				
Current Employer _____				

Associate's/Agent's Signature and Writing Number _____	Licensed Associate/Agent
--------------------------------------------------------	--------------------------

PLEASE MAKE THE FOLLOWING CHANGES TO MY POLICY:

☐ **ADDRESS CHANGE ONLY**

Former Address of Policyholder _____			Street	Apt.No.
City _____		State _____	ZIP _____	
New Address of Policyholder _____				
			Street	Apt.No.
City _____		State _____	ZIP _____	Telephone No. _____

☐ **TRANSFERS TO PAYROLL OR UNION BILLING ONLY**

Transfer From _____	
Transfer To _____	Transfer To _____
Employer Name	Account Number

Department No. _____ Employee No. _____

Amount Remitted \$ _____ Months _____

Billing Name _____
Last Name First Name MI

Effective Date of Transfer _____

☐ **TRANSFERS TO DIRECT BILLING ONLY**

☐ Bill at Home ☐ Bank Draft (Authorization Form Needed) ☐ Credit Card

Transfer From _____

Direct Billing Mode (select one) ☐ Monthly (**Bank Draft / Credit Card Only**) ☐ Quarterly ☐ Semiannual ☐ Annual

Amount Remitted \$ _____ Months _____

Effective Date of Transfer _____

☐ **NAME CHANGE ONLY**

Name Shown on Policy _____
Last Name First Name MI Title

Change Name To _____
Last Name First Name MI Title

Reason ☐ Marriage ☐ Divorce ☐ Death ☐ Request

Payroll Billing Name _____ (if policy is on Payroll)

Draftee Name _____ (if policy is on Bank Draft)

Effective Date of Change _____

NOTE: ADDITIONS CAN ONLY BE MADE TO TERM LIFE POLICIES.

☐ **ADDITIONS ONLY – Complete applicable questions.**

Person(s) to be Added _____
Last Name First Name MI Title

Sex ☐ Male ☐ Female

Relationship ☐ Insured ☐ Spouse ☐ Child

Reason for Addition ☐ Marriage ☐ Birth ☐ Request

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Date of Marriage/Birth/Request _____

CHANGE OF BENEFICIARY INFORMATION

Article 1. The beneficiary under each policy listed above is hereby changed and the following beneficiary is designated to whom the aggregate net proceeds of all said policies maturing as a death claim shall be paid in one sum as specified in this designation in lieu of all prior designations of beneficiaries or provisions for payment of proceeds. The right to change this beneficiary designation is reserved to the owner of the policy.

(Note: If Article 2 is elected, distribution will be made to children of deceased children of the insured in accordance with the provisions of said Article 2.)

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

- ☐ **Article 2. Payment to Children of Deceased Children of the Insured by Representation:** If a child of the insured is designated as a beneficiary, and if such child shall die prior to the time for payment of a share of the net proceeds to such child, the share of net proceeds that would have been paid to such child, if living at the time for such payment, shall be paid in one sum in equal shares to his then living children, if any there be, otherwise in equal shares to the then living brothers and sisters of such deceased child of the insured; provided, however, that children then living of a deceased brother or sister shall receive, equally, the share of net proceeds that would have been paid to their parent if alive. If none of the beneficiaries described in this Article 2 are living at the time for payment as herein provided, the next class of designated beneficiary under Article 1 shall receive payment as provided in said Article 1 without reference to the provisions of this Article 2.

ANSWER THE QUESTIONS BELOW FOR REINSTATEMENTS OR ADDITIONS ON PAYROLL OR UNION SALES ONLY.

COMPLETE QUESTIONS 1-11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system? ☐ Yes ☐ No
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600.
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No

5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No

6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No

7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No

8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end-stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease — more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times, or had surgery recommended that has not yet been performed? If yes, provide details in Item 16 and continue with Questions 12–17. ☐ Yes ☐ No

PLEASE COMPLETE QUESTIONS 12–17 IF (1) YOU ANSWERED YES TO QUESTION 11, OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No
13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
(if no regular Physician, Physician last seen)
Address _____
Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

ANSWER THE QUESTIONS BELOW FOR REINSTATEMENTS OR ADDITIONS ON NONPAYROLL SALES ONLY.

COMPLETE QUESTIONS 1–16

1. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
2. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
3. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
4. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

6. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions? ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

7. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 1–7 was it the: ☐ Proposed Insured ☐ Child?
If child, please list the name(s) of the child(ren)

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the child, that person is not eligible to be covered under the policy or any rider(s).

8. Is anyone to be covered currently disabled due to sickness or injury or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

9. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No

10. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory, or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF QUESTIONS 8–10, COMPLETE ITEM 11 BELOW.

11. Details to Questions 8–10

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 8					
Question 9					
Question 10					

12. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)?

☐ Yes ☐ No

If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
(if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

13. Are you a citizen of the United States?

☐ Yes ☐ No

If no, copies of your permanent visa or proof of permanent residence must be submitted with application.

QUESTIONS 15–16 DO NOT APPLY TO THE CHILD RIDER.

14. Have you ever engaged in or within the next two years do you intend to engage in any hazardous sports or avocations such as sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft?

☐ Yes ☐ No

If yes, list the activity and frequency _____

15. In the next two years, do you intend to travel or reside outside the United States?

☐ Yes ☐ No

If yes, where? _____ When? _____

Purpose/Why? _____

Mode of travel? _____

Length of stay? _____

16. Are you currently employed?

☐ Yes ☐ No

If yes, what is your annual income? _____

Additional Underwriting May Be Required.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

**INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB)
PRENOTICE**

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its Web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that coverage under the policy is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Applicant's Signature (X) _____

Owner, if Other Than Applicant _____ on _____

I certify that I personally saw the applicant when the application was completed, and each question was asked of the applicant and answered as recorded. All answers are correct to the best of my knowledge.

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

**MAKE CHECKS PAYABLE TO AFLAC.
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

Temporary Life Insurance Agreement For Life Insurance (A64000 Series)
Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Proposed Insured's Name _____			
Last	First	MI	
DOB _____	SSN _____ - _____ - _____		
Month/Day/Year	(optional)		
Proposed Insured's Address _____			
Street or Post Office Box		Apt. No.	
City _____	State _____	ZIP Code _____	

In consideration of the payment of (\$ _____) given with my application, Aflac will provide temporary life insurance coverage on the person or persons applying for insurance, subject to the following:

1. all applicants are in good health and, upon receipt of the application and any further information required, are determined by Aflac at our worldwide headquarters, according to our rules and practices, to be insurable, at standard rates for coverage exactly as applied for; and
2. the full first premium is paid on the date of application.

START OF COVERAGE – Begins on the date the application and payment are received at Aflac Worldwide Headquarters.

AMOUNT OF COVERAGE – The amount of insurance requested on the application, up to \$50,000.

LIMITATIONS ON COVERAGE – No coverage will be provided under this agreement if (a) the applicant is disqualified for insurance by Aflac; (b) any check or draft submitted as payment is not honored by the bank on which it is drawn; (c) any eligibility question in the application or any questions material to our assessment of the risk are not answered completely and truthfully; (d) the person or persons proposed for insurance, whether sane or insane, commit suicide.

TERMINATION OF COVERAGE – Coverage under this agreement will terminate on the earlier of (a) 45 days from the date the application for insurance and payment is received by Aflac; (b) the Policy Effective Date; (c) written notice from Aflac that the coverage is declined; (d) the refund of the advance payment; or (e) the date you request termination.

PAYMENT OF BENEFITS – If the person proposed for insurance dies while covered by this temporary agreement, all portions of the policy shall apply and the benefit will be paid to the Beneficiary named in the application if it is determined by our worldwide headquarters that the person or persons proposed for insurance were insurable for the amount of insurance applied for at the time of application.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

Owner, if other than Proposed Insured (X) _____

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
[FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522)].
VISIT OUR WEB SITE AT AFLAC.COM].



American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy,
call toll-free 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our Web site at aflac.com.]

THE EFFECT OF AN ACCELERATED DEATH PAYMENT:

ANY ACCELERATED DEATH PAYMENT WILL AUTOMATICALLY ESTABLISH A LIEN AGAINST THE POLICY. AFLAC SHALL HOLD THE LIEN AS A DEBT AGAINST THE DEATH BENEFIT, POLICY BENEFITS, CASH VALUES, ANY OUTSTANDING POLICY LOANS, AND/OR ANY OTHER POLICY LIENS IN EXISTENCE UNDER THE POLICY. ANY ACCELERATED DEATH PAYMENT AMOUNT REQUESTED WILL BE REDUCED BY THE AMOUNT OF ANY DUE AND UNPAID PREMIUMS, ANY OUTSTANDING LOAN, AND THE ADMINISTRATIVE CHARGE. A DISCLOSURE STATEMENT SHOWING THE EFFECT THAT SUCH PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES WILL BE SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, UPON RECEIPT BY AFLAC OF A REQUEST FOR AN ACCELERATED DEATH PAYMENT.

TAX CONSEQUENCES:

AN ACCELERATED DEATH PAYMENT MAY BE TAXABLE. THE RECEIPT OF AN ACCELERATED PAYMENT MAY ALSO AFFECT THE INSURED'S ELIGIBILITY TO RECEIVE, OR CONTINUE TO RECEIVE, MEDICAID BENEFITS. AS WITH ALL TAX MATTERS, A PERSONAL TAX ADVISOR SHOULD BE CONSULTED TO ASSESS THE IMPACT OF THE RECEIPT OF PAYMENT OF THE ACCELERATED DEATH BENEFIT.

THE BENEFIT:

Upon request by the Owner of the policy, Aflac will pay an Accelerated Death Payment in consequence of a Terminal Condition as defined in the policy. Aflac will only pay one Accelerated Death Payment under the policy.

THE AMOUNT:

A benefit of 50% of the original amount of insurance may be paid under the Accelerated Death Payment. Prior to payment, this amount will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge.

THE COST:

An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment. The charge is directly associated with Aflac's administrative costs for processing accounting and effecting payment to the policy Owner under the Accelerated Death Payment. Aflac's reserves for the policy are based on the 2001 CSO 4% Mortality Table. The margins contained in these reserves are assumed sufficient to cover the minimal additional mortality and interest charges associated with the benefits provided.

DEFINITIONS:

Accelerated Death Payment: The amount payable to the Owner of the policy when a claim is made for the Named Insured's Terminal Condition.

Terminal Condition: A condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

Physician: A person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

REQUIREMENTS OF DIAGNOSIS:

We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

PROOF OF LOSS:

The Accelerated Death Payment will be payable upon due proof of a Terminal Condition as defined in Part 3, Accelerated Death Payment section of the policy. Payment is subject to the rights of any assignee of record or any irrevocable beneficiary. He/she must agree that any Accelerated Death Payment will automatically establish a Lien against the policy. If Aflac is an assignee due to a policy loan, we consent to payment. If this policy has an outstanding policy loan or Lien, we will use a portion of the Accelerated Death Payment to repay any Indebtedness.

LIMITATIONS:

The Accelerated Death Payment will not be made if:

- The insured or his/her Physician resides outside the United States of America or outside the territorial limits of the place where your policy was issued;
- The Owner is required by law to accelerate benefits to meet the claims of creditors;
- A government agency requires the Owner to apply for benefits to qualify for a government benefit or entitlement; or
- This policy is being continued as reduced paid-up life insurance or extended-term life insurance.

TERMINATION:

The Accelerated Death Benefit will terminate when payment is made under the policy.

SAMPLE ILLUSTRATION:

GENERIC ILLUSTRATION OF EFFECT OF ACCELERATION OF POLICY BENEFITS

ASSUMPTIONS

1. Issued to male, nonsmoker, age 35, for \$25,000 face amount
2. Gross Annual Premium = \$354.12 = (25 x 11.544 + 65.52)
3. After 20 years, a \$12,500 Acceleration Benefit is exercised

ILLUSTRATION

Benefit Payment = Benefit amount, less administrative expense charge, less any due and unpaid premiums, less outstanding loans

Benefit Payment = (\$12,500 - \$300)

Benefit Payment = \$12,200

ACCELERATED DEATH PAYMENT NOTICE

THIS PAYMENT NOTICE IS BEING SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, AND WILL SHOW THE REDUCING EFFECT THAT SUCH BENEFIT PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES.

TAX CONSEQUENCES:

AN ACCELERATED DEATH PAYMENT MAY BE TAXABLE. THE RECEIPT OF AN ACCELERATED PAYMENT MAY ALSO AFFECT THE INSURED'S ELIGIBILITY TO RECEIVE, OR CONTINUE TO RECEIVE, MEDICAID BENEFITS. AS WITH ALL TAX MATTERS, A PERSONAL TAX ADVISOR SHOULD BE CONSULTED TO ASSESS THE IMPACT OF THE RECEIPT OF PAYMENT OF THE ACCELERATED DEATH BENEFIT.

THE EFFECT OF AN ACCELERATED DEATH PAYMENT:

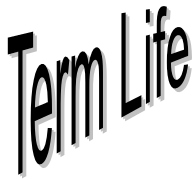
ANY ACCELERATED DEATH PAYMENT WILL AUTOMATICALLY ESTABLISH A LIEN AGAINST THE POLICY. AFLAC SHALL HOLD THE LIEN AS A DEBT AGAINST THE DEATH BENEFIT, POLICY BENEFITS, CASH VALUES, ANY OUTSTANDING POLICY LOANS, AND/OR ANY OTHER POLICY LIENS IN EXISTENCE UNDER THE POLICY. ANY ACCELERATED DEATH PAYMENT AMOUNT REQUESTED WILL BE REDUCED BY THE AMOUNT OF ANY DUE AND UNPAID PREMIUMS, ANY OUTSTANDING LOAN, AND THE ADMINISTRATIVE CHARGE. A DISCLOSURE STATEMENT SHOWING THE EFFECT THAT SUCH PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES WILL BE SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, UPON RECEIPT BY AFLAC OF A REQUEST FOR AN ACCELERATED DEATH PAYMENT.

ILLUSTRATION OF POLICY CHANGES DUE TO AN ACCELERATED DEATH PAYMENT:

Benefit Payment = Benefit amount, less administrative expense charge, less any due and unpaid premiums, less outstanding loans

Benefit Payment = \$ _____ - \$ _____ - \$ _____ - \$ _____

Benefit Payment = \$ _____



American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999]
For assistance or information about this policy,
call toll-free 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our Web site at aflac.com.]

THE EFFECT OF AN ACCELERATED DEATH PAYMENT:

ANY ACCELERATED DEATH PAYMENT WILL AUTOMATICALLY ESTABLISH A LIEN AGAINST THE POLICY. AFLAC SHALL HOLD THE LIEN AS A DEBT AGAINST THE DEATH BENEFIT AND POLICY BENEFITS. ANY ACCELERATED DEATH PAYMENT AMOUNT REQUESTED WILL BE REDUCED BY THE AMOUNT OF ANY DUE AND UNPAID PREMIUMS, AND THE ADMINISTRATIVE CHARGE. A DISCLOSURE STATEMENT SHOWING THE EFFECT THAT SUCH PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES WILL BE SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, UPON RECEIPT BY AFLAC OF A REQUEST FOR AN ACCELERATED DEATH PAYMENT.

TAX CONSEQUENCES:

AN ACCELERATED DEATH PAYMENT MAY BE TAXABLE. THE RECEIPT OF AN ACCELERATED PAYMENT MAY ALSO AFFECT THE INSURED'S ELIGIBILITY TO RECEIVE, OR CONTINUE TO RECEIVE, MEDICAID BENEFITS. AS WITH ALL TAX MATTERS, A PERSONAL TAX ADVISOR SHOULD BE CONSULTED TO ASSESS THE IMPACT OF THE RECEIPT OF PAYMENT OF THE ACCELERATED DEATH BENEFIT.

THE BENEFIT:

Upon request by the Owner of the policy, Aflac will pay an Accelerated Death Payment in consequence of a Terminal Condition as defined in the policy. Aflac will only pay one Accelerated Death Payment under the policy.

THE AMOUNT:

A benefit of 50% of the original amount of insurance may be paid under the Accelerated Death Payment. Prior to payment, this amount will be reduced by the amount of any due and unpaid premiums, and the administrative charge.

THE COST:

An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment. The charge is directly associated with Aflac's administrative costs for processing accounting and effecting payment to the policy Owner under the Accelerated Death Payment. Aflac's reserves for the policy are based on the 2001 CSO 4% Mortality Table. The margins contained in these reserves are assumed sufficient to cover the minimal additional mortality and interest charges associated with the benefits provided.

DEFINITIONS:

Accelerated Death Payment: The amount payable to the Owner of the policy when a claim is made for the Named Insured's Terminal Condition.

Terminal Condition: A condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

Physician: A person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

REQUIREMENTS OF DIAGNOSIS:

We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

PROOF OF LOSS:

The Accelerated Death Payment will be payable upon due proof of a Terminal Condition as defined in Part 3, Accelerated Death Payment section of the policy. Payment is subject to the rights of any assignee of record or any irrevocable beneficiary. He/she must agree that any Accelerated Death Payment will automatically establish a Lien against the policy.

LIMITATIONS:

The Accelerated Death Payment will not be made if:

- The insured or his/her Physician resides outside the United States of America or outside the territorial limits of the place where your policy was issued;
- The Owner is required by law to accelerate benefits to meet the claims of creditors;
- A government agency requires the Owner to apply for benefits to qualify for a government benefit or entitlement.

TERMINATION:

The Accelerated Death Benefit will terminate when payment is made under the policy.

SAMPLE ILLUSTRATION – 20-Year Term Policy:**GENERIC ILLUSTRATION OF EFFECT OF ACCELERATION OF POLICY BENEFITS****ASSUMPTIONS**

1. Issued to male, nonsmoker, age 35, for \$100,000 face amount
2. Gross Annual Premium = \$252.72 = $(100 \times 1.872 + 65.52)$
3. After 15 years, a \$50,000 Acceleration Benefit is exercised

ILLUSTRATION

Benefit Payment = Benefit amount, less administrative expense charge, less any due and unpaid premiums

Benefit Payment = $(\$50,000 - \$300)$

Benefit Payment = \$49,700

ACCELERATED DEATH PAYMENT NOTICE

THIS PAYMENT NOTICE IS BEING SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, AND WILL SHOW THE REDUCING EFFECT THAT SUCH BENEFIT PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES.

TAX CONSEQUENCES:

AN ACCELERATED DEATH PAYMENT MAY BE TAXABLE. THE RECEIPT OF AN ACCELERATED PAYMENT MAY ALSO AFFECT THE INSURED'S ELIGIBILITY TO RECEIVE, OR CONTINUE TO RECEIVE, MEDICAID BENEFITS. AS WITH ALL TAX MATTERS, A PERSONAL TAX ADVISOR SHOULD BE CONSULTED TO ASSESS THE IMPACT OF THE RECEIPT OF PAYMENT OF THE ACCELERATED DEATH BENEFIT.

THE EFFECT OF AN ACCELERATED DEATH PAYMENT:

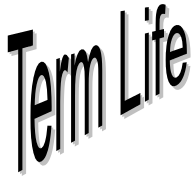
ANY ACCELERATED DEATH PAYMENT WILL AUTOMATICALLY ESTABLISH A LIEN AGAINST THE POLICY. AFLAC SHALL HOLD THE LIEN AS A DEBT AGAINST THE DEATH BENEFIT AND POLICY BENEFITS. ANY ACCELERATED DEATH PAYMENT AMOUNT REQUESTED WILL BE REDUCED BY THE AMOUNT OF ANY DUE AND UNPAID PREMIUMS, AND THE ADMINISTRATIVE CHARGE. A DISCLOSURE STATEMENT SHOWING THE EFFECT THAT SUCH PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES WILL BE SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, UPON RECEIPT BY AFLAC OF A REQUEST FOR AN ACCELERATED DEATH PAYMENT.

ILLUSTRATION OF POLICY CHANGES DUE TO AN ACCELERATED DEATH PAYMENT:

Benefit Payment = Benefit amount, less administrative expense charge, less any due and unpaid premiums

Benefit Payment = \$_____ - \$_____ - \$_____

Benefit Payment = \$_____



With A Return of
Premium Benefit

American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999]
For assistance or information about this policy,
call toll-free 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our Web site at aflac.com.]

THE EFFECT OF AN ACCELERATED DEATH PAYMENT:

ANY ACCELERATED DEATH PAYMENT WILL AUTOMATICALLY ESTABLISH A LIEN AGAINST THE POLICY. AFLAC SHALL HOLD THE LIEN AS A DEBT AGAINST THE DEATH BENEFIT, POLICY BENEFITS, CASH VALUES, ANY OUTSTANDING POLICY LOANS, AND/OR ANY OTHER POLICY LIENS IN EXISTENCE UNDER THE POLICY. ANY ACCELERATED DEATH PAYMENT AMOUNT REQUESTED WILL BE REDUCED BY THE AMOUNT OF ANY DUE AND UNPAID PREMIUMS, ANY OUTSTANDING LOAN, AND THE ADMINISTRATIVE CHARGE. A DISCLOSURE STATEMENT SHOWING THE EFFECT THAT SUCH PAYMENT WILL HAVE ON POLICY BENEFITS AND OTHER VALUES WILL BE SENT TO THE POLICY OWNER AND IRREVOCABLE BENEFICIARY, IF ANY, UPON RECEIPT BY AFLAC OF A REQUEST FOR AN ACCELERATED DEATH PAYMENT.

TAX CONSEQUENCES:

AN ACCELERATED DEATH PAYMENT MAY BE TAXABLE. THE RECEIPT OF AN ACCELERATED PAYMENT MAY ALSO AFFECT THE INSURED'S ELIGIBILITY TO RECEIVE, OR CONTINUE TO RECEIVE, MEDICAID BENEFITS. AS WITH ALL TAX MATTERS, A PERSONAL TAX ADVISOR SHOULD BE CONSULTED TO ASSESS THE IMPACT OF THE RECEIPT OF PAYMENT OF THE ACCELERATED DEATH BENEFIT.

THE BENEFIT:

Upon request by the Owner of the policy, Aflac will pay an Accelerated Death Payment in consequence of a Terminal Condition as defined in the policy. Aflac will only pay one Accelerated Death Payment under the policy.

THE AMOUNT:

A benefit of 50% of the original amount of insurance may be paid under the Accelerated Death Payment. Prior to payment, this amount will be reduced by the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge.

THE COST:

An administrative charge of \$300 will be required when payment is made for a Terminal Condition, and the charge will be deducted from the Accelerated Death Payment. The charge is directly associated with Aflac's administrative costs for processing accounting and effecting payment to the policy Owner under the Accelerated Death Payment. Aflac's reserves for the policy are based on the 2001 CSO 4% Mortality Table. The margins contained in these reserves are assumed sufficient to cover the minimal additional mortality and interest charges associated with the benefits provided.

DEFINITIONS:

Accelerated Death Payment: The amount payable to the Owner of the policy when a claim is made for the Named Insured's Terminal Condition.

Terminal Condition: A condition that is diagnosed by a Physician after the Policy Effective Date and while this policy is In Force and that, in such Physician's best medical judgment, will cause the Named Insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

Physician: A person legally qualified to practice medicine, other than you, the Named Insured, or a member of the Named Insured's Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

REQUIREMENTS OF DIAGNOSIS:

We must be furnished a diagnosis of a Terminal Condition by a Physician licensed and practicing in the United States, including documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require a confirming diagnosis by another Physician. If a second diagnosis is required, it will be at our expense and by a Physician of our choice.

PROOF OF LOSS:

The Accelerated Death Payment will be payable upon due proof of a Terminal Condition as defined in Part 3, Accelerated Death Payment section of the policy. Payment is subject to the rights of any assignee of record or any irrevocable beneficiary. He/she must agree that any Accelerated Death Payment will automatically establish a Lien against the policy. If Aflac is an assignee due to a policy loan, we consent to payment. If this policy has an outstanding policy loan or Lien, we will use a portion of the Accelerated Death Payment to repay any Indebtedness.

LIMITATIONS:

The Accelerated Death Payment will not be made if:

- The insured or his/her Physician resides outside the United States of America or outside the territorial limits of the place where your policy was issued;
- The Owner is required by law to accelerate benefits to meet the claims of creditors;
- A government agency requires the Owner to apply for benefits to qualify for a government benefit or entitlement; or
- This policy is being continued as reduced paid-up life insurance.

TERMINATION:

The Accelerated Death Benefit will terminate when payment is made under the policy.

SAMPLE ILLUSTRATION– 20-Year ROP Policy:

GENERIC ILLUSTRATION OF EFFECT OF ACCELERATION OF POLICY BENEFITS

ASSUMPTIONS

1. Issued to male, nonsmoker, age 35, for \$25,000 face amount
2. Gross Annual Premium = \$335.40 = (5 x 67.08)
3. After 20 years, a \$12,500 Acceleration Benefit is exercised

ILLUSTRATION

Benefit Payment = Benefit amount, less administrative expense charge, less any due and unpaid premiums, less outstanding loans

Benefit Payment = (\$12,500 - \$300)

Benefit Payment = \$12,200

SERFF Tracking Number:	AFLA-126318884	State:	Arkansas
Filing Company:	American Family Life Assurance Company of Columbus	State Tracking Number:	43879
Company Tracking Number:	A64000 LIFE		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Life		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:	All requested certifications are included in the attached cover letter.	
Attachment:	AR64000Filing Ltr.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:	The attached applications are new and can also be found under the Form Schedule Tab.	
Attachments:	A64001AR.pdf A64001NAR.pdf A64002AR.pdf A64002NAR.pdf A64002UAR.pdf A64002UNAR.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Policy Cost and Benefit Information	
Comments:	For A64100, A64200, A64300, A64400, A64500, A64600, A64050, A64051, A64052, A64053, and A64054	
Attachment:	Policy Cost and Benefit Information 091709.pdf	



*Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department*

October 23, 2009

Mr. Joe Musgrove
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #60380

Re: Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, 30-Year Term Policy Form A64500AR, 30-Year Term Policy With a Return of Premium Benefit Form A64600AR, Spouse Term Life Insurance Rider Forms A64050, A64051, and A64052, Child Term Life Insurance Rider Form A64053, Accidental-Death Benefit Rider Form A64054, Exclusion Rider Forms A64055 and A64056, Payroll Application Forms A64001AR and A64001NAR, Nonpayroll Application Forms A64002AR and A64002NAR, Union Application Forms A64002UAR and A64002UNAR, Application for Reinstatement/Change Form A64003AR, Temporary Life Insurance Agreement for Life Insurance Form A64016, The Effect of Acceleration of a Benefit Forms A64130, A64230 and A64430, and Benefit Payment Notice Forms A64131 and A64231.

Dear Mr. Musgrove:

Referenced forms are submitted for your review and approval. Similar versions of these forms have been filed through the Interstate Insurance Product Regulatory Commission (IIPRC) for Nebraska, our state of domicile, on September 22, 2009.

Policy Form A64100AR is a Whole Life Policy. The policy has an Accelerated Death Benefit and a Waiver of Premium Benefit. Proceeds are payable at death. No dividends are payable. The Accelerated Death Benefit is payable for a Terminal Condition and is equal to 50% of the original amount of insurance. A Terminal Condition is defined as a medical condition which will cause the Named Insured to die within 12 months of the date of diagnosis. The nonforfeiture options are Cash Surrender, Reduced Paid-Up Life Insurance and Extended-Term Insurance. An automatic premium loan is available when requested through a written request to our worldwide headquarters. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 70.

Policy Form A64200AR is a 10-Year Term Policy. The policy contains an Accelerated Death Benefit and a Waiver of Premium Benefit. The policy also has a conversion privilege. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 70.

Policy Form A64300AR is a 20-Year Term Policy. The policy has an Accelerated Death Benefit and a Waiver of Premium Benefit. The policy also has a conversion privilege and is optionally

renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 60.

Policy Form A64400AR is a 20-Year Term Policy with a Return of Premium Benefit. The policy has an Accelerated Death Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The nonforfeiture options are Cash Surrender and Reduced Paid-Up Life Insurance. The policy will be marketed through our field force to non-tobacco users on a payroll or union basis only to applicants age 18 through 50.

Policy Form A64500AR is a 30-Year Term Policy. The policy has an Accelerated Death Benefit and a Waiver of Premium Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The policy will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants age 18 through 50.

Policy Form A64600AR is a 30-Year Term Policy with a Return of Premium Benefit. The policy has an Accelerated Death Benefit. The policy also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The nonforfeiture options are Cash Surrender and Reduced Paid-Up Life Insurance. The policy will be marketed through our field force to non-tobacco users on a payroll or union basis only to applicants age 18 through 40.

Rider Form A64050 is a Spouse 10-Year Term Life Insurance Rider. This is an optional rider that may be purchased with the Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, 30-Year Term Policy Form A64500AR, 30-Year Term Policy With a Return of Premium Benefit Form A64600AR (all referenced policies). Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll or union basis only to applicants age 18 through 70.

Rider Form A64051 is a Spouse 20-Year Term Life Insurance Rider. This is an optional rider that may be purchased with the 20-Year Term Policy Form A64300AR and 20-Year Term Policy With a Return of Premium Benefit Form A64400AR. The rider also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll or union basis only to applicants age 18 through 60.

Rider Form A64052 is a Spouse 30-Year Term Life Insurance Rider. This is an optional rider that may be purchased with the 30-Year Term Policy Form A64500AR and 30-Year Term Policy With a Return of Premium Benefit Form A64600AR. The rider also has a conversion privilege and is optionally renewable annually to age 95 after the initial term expiration. Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll or union basis only to applicants age 18 through 50.

Rider Form A64053 is a Child Term Life Insurance Rider. This is an optional rider that may be purchased with the Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, 30-Year Term Policy Form A64500AR, 30-Year Term Policy With a Return of

Premium Benefit Form A64600AR (all referenced policies). Proceeds are payable at death. No dividends are payable. The rider will be marketed through our field force on a payroll, nonpayroll, and union basis to applicants with dependent children at least 14 days old and younger than 18 years old.

Rider Form A64054 is an Accidental-Death Benefit Rider and is available for purchase with any of the above policies. This rider is available to the Named Insured only.

Exclusion Rider Form A64055 will be issued in the event any person is excluded from coverage due to participation in certain avocations.

Exclusion Rider Form A64056 will be issued in the event any person is excluded from coverage.

Payroll Application Forms A64001AR and A64001NAR will be used to make application for any of the policies and are self-explanatory.

Nonpayroll Application Forms A64002AR and A64002NAR will be used to make application for the Whole Life Policy Form A64100AR, 10-Year Term Policy Form A64200AR, 20-Year Term Policy Form A64300AR, and 30-Year Term Policy Form A64500AR, and are self-explanatory.

Union Application Forms A64002UAR and A64002UNAR will be used to make application for any of the policies and are self-explanatory.

The only difference between the applications without an "N" in the form number and the applications with an "N" in the form number is that the "N" forms do not contain a certification statement by the associate/agent. The "N" applications will be used in situations where the associate/agent is unable to be present at the time of application.

Application for Reinstatement/Change Form A64003AR will be used to reinstate or add additional persons to the policies and is self explanatory.

Temporary Life Insurance Agreement for Life Insurance Form A64016 will be used on a direct basis only when premium has been collected at the time of application.

Effect of Acceleration of a Benefit Form A64130 will be given to each applicant at the time of application. This form is to be used with the Whole Life Policy Form A64100AR.

Benefit Payment Notice Form A64131 will be completed and given to the policyholder at the time of claim. This form is to be used with the Whole Life Policy Form A64100AR, 20-Year Term Policy With a Return of Premium Benefit Form A64400AR, and 30-Year Term Policy With a Return of Premium Benefit Form A64600AR. It illustrates the effect any advanced payment benefit will have on other policy benefits.

Effect of Acceleration of a Benefit Form A64230 will be given to each applicant at the time of application. This notice is to be used with the Term Life Policy Forms A64200AR, A64300AR, and A64500AR.

Benefit Payment Notice Form A64231 will be completed and given to the policyholder at the time of claim. This notice is to be used with the Term Life Policy Forms A64200AR, A64300AR,

and A64500AR. It illustrates the effect any advanced payment benefit will have on other policy benefits.

Effect of Acceleration of a Benefit Form A64430 will be given to each applicant at the time of application. This form is to be used with the 20-Year Term Policy With a Return of Premium Benefit Form A64400AR and 30-Year Term Policy With a Return of Premium Benefit Form A64600AR.

Replacement Notice Form A4166ARR, previously approved on July 22, 2009, will be used in conjunction with the policies in the event coverage is issued as a replacement to existing coverage.

I certify that the forms submitted herewith meet the requirements of Arkansas Rule and Regulation 17, 19, and 49 as well as meeting the requirements of the Arkansas Insurance Department.

I further certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores are as follows:

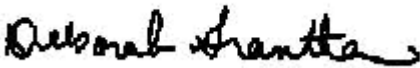
	FLESCH Score	Grade Level
Policy Form A64100AR	50.000	10
Policy Form A64200AR	50.373	10
Policy Form A64300AR	51.787	10
Policy Form A64400AR	56.977	10
Policy Form A64500AR	50.096	10
Policy Form A64600AR	51.631	10
Rider Form A64050	89.805	3
Rider Form A64051	87.895	3
Rider Form A64052	85.632	3
Rider Form A64053	91.950	3
Rider Form A64054	71.985	6
Rider Form A64055	90.630	2
Rider Form A64056	96.588	1
Payroll Application Form A64001AR	58.674	8
Payroll Application Form A64001NAR	58.674	8
Nonpayroll Application Form A64002AR	53.877	10
Nonpayroll Application Form A64002NAR	53.877	10
Union Application Form A64002UAR	56.866	8
Union Application Form A64002UNAR	56.866	8
Application for Reinstatement/Change Form A64003AR	72.974	5
Temporary Life Insurance Agreement for Life Insurance Form A64016	67.891	6
Effect of Acceleration of a Benefit Form A64130	66.584	6
Benefit Payment Notice A64131	68.386	5
Effect of Acceleration of a Benefit Form A64230	68.335	6
Benefit Payment Notice A64231	63.847	6
Effect of Acceleration of a Benefit Form A64430	66.110	7

An actuarial memorandum with rate structure, a statement of policy costs and benefit information, a worksheet for calculating cost indexes and a cost comparison disclosure are enclosed for your review.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at lmsteele@aflac.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah T. Grantham". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Deborah T. Grantham
DTG/lis
Enclosures

**Aflac's Application for Payroll Life Insurance (A64000 Series)**

Policy Number _____

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]☐ New**Please Print in Black Ink – To Be Completed by Proposed Insured/Employee**Proposed Insured's/Employee's Name _____
Last First MIDOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/YearProposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ CellSecondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ NoWill the purchase of the spouse rider give your spouse more than \$50,000 total face value
of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ NoIs the purchase of this policy intended to replace any life insurance or annuity now in force?
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable. ☐ Yes ☐ No**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT****Payroll Billing Method****Mode**

- ☐
- Payroll Deduction
-
- ☐
- Bank Draft (B/D, ACH)
-
- ☐
- Credit Card (C/C)

- ☐
- 01 Weekly
-
- ☐
- 01 14-Day Biweekly
-
- ☐
- 01 Semimonthly
-
- ☐
- 01 28-Day Biweekly
-
- ☐
- 01 Monthly
-
- ☐
- 03 Quarterly
-
- ☐
- 06 Semiannual
-
- ☐
- 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Weekly, Semimonthly, 14-Day and 28-Day Biweekly modes are not available for Bank Draft and Credit Card Billing Methods.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

Total number of units for the Proposed Insured are limited as follows:

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of: (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end-stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times, or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12–17 IF (1) YOU ANSWERED YES TO QUESTION 11, OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
(if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB) PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

I certify that I personally saw the Proposed Insured when the application was completed, and each question was asked of the Proposed Insured and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494

MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].

**Aflac's Application for Payroll Life Insurance (A64000 Series)**

Policy Number _____

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]☐ New**Please Print in Black Ink – To Be Completed by Proposed Insured/Employee**Proposed Insured's/Employee's Name _____
Last First MIDOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/YearProposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ CellSecondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ NoWill the purchase of the spouse rider give your spouse more than \$50,000 total face value
of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ NoIs the purchase of this policy intended to replace any life insurance or annuity now in force?
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable. ☐ Yes ☐ No**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT****Payroll Billing Method****Mode**

- ☐
- Payroll Deduction
-
- ☐
- Bank Draft (B/D, ACH)
-
- ☐
- Credit Card (C/C)

- ☐
- 01 Weekly
-
- ☐
- 01 14-Day Biweekly
-
- ☐
- 01 Semimonthly
-
- ☐
- 01 28-Day Biweekly
-
- ☐
- 01 Monthly
-
- ☐
- 03 Quarterly
-
- ☐
- 06 Semiannual
-
- ☐
- 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Weekly, Semimonthly, 14-Day and 28-Day Biweekly modes are not available for Bank Draft and Credit Card Billing Methods.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

Total number of units for the Proposed Insured are limited as follows:

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of: (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end-stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times, or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12–17 IF (1) YOU ANSWERED YES TO QUESTION 11, OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
 (if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB) PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522)].
VISIT OUR WEB SITE AT AFLAC.COM].**

Nonpayroll

Aflac's Application for Nonpayroll Life Insurance (A64000 Series)

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Policy Number

☐ New

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ ft. _____ in. Current Weight _____ lbs. SSN _____ - _____ - _____
Month/Day/Year (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Occupation _____ Employee ID No. (if required) _____

Owner's Name _____ Relationship to Proposed Insured _____
(if other than Proposed Insured)

Address _____
Street or Post Office Box Apt. No.

No.

City _____ State _____ ZIP Code _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any
nicotine delivery system? ☐ Yes ☐ No

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method

- ☐ Direct
☐ List Bill
☐ Bank Draft (B/D, ACH)
☐ Credit Card (C/C)

Mode

- ☐ 01 Monthly
☐ 03 Quarterly
☐ 06 Semiannual
☐ 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____ Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

CHECK COVERAGE DESIRED:

- ☐ Whole Life Policy (Series A64100) ☐ Automatic Premium Loan
☐ 10-Year Term Policy (Series A64200)
☐ 20-Year Term Policy (Series A64300)
☐ 30-Year Term Policy (Series A64500)

Issue Ages	Total Number of Units	Face Amount of Insurance
18-70		
18-70		
18-60		
18-50		

Optional Rider for the Proposed Insured Only

- ☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider

PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)

- ☐ Child Term Life Insurance Rider (Series A64053)

Issue Ages	Total Number of Units	Face Amount of Insurance
14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1-16

1. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
2. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
3. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
4. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No
6. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions? ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

7. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 1–7 was it the: ☐ Proposed Insured ☐ Child?

If child, please list the name(s) of the child(ren)

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the child, that person is not eligible to be covered under the policy or any rider(s).

8. Is anyone to be covered currently disabled due to sickness or injury or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
9. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
10. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory, or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF QUESTIONS 8–10, COMPLETE ITEM 11 BELOW.

11. Details to Questions 8–10

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 8					
Question 9					

Question 10					
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12. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ (if no regular Physician, Physician last seen)	Phone Number _____
Address _____	
Date Last Seen by Physician _____	Reason for Last Visit _____

13. Are you a citizen of the United States? ☐ Yes ☐ No
If no, copies of your permanent visa or proof of permanent residence must be submitted with application.

QUESTIONS 15–16 DO NOT APPLY TO THE CHILD RIDER.

14. Have you ever engaged in or within the next two years do you intend to engage in any hazardous sports or avocations such as sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft? ☐ Yes ☐ No

If yes, list the activity and frequency _____

15. In the next two years, do you intend to travel or reside outside the United States? ☐ Yes ☐ No

If yes, where? _____ When? _____

Purpose/Why? _____

Mode of travel? _____

Length of stay? _____

16. Are you currently employed? ☐ Yes ☐ No
If yes, what is your annual income? _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

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"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

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I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

**INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB)
PRENOTICE**

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

Owner, if Other Than Proposed Insured _____ on _____
Date

I certify that I personally saw the Proposed Insured when the application was completed, and each question was asked of the Proposed Insured and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature_____

Date_____ Associate's/Agent's Writing Number_____ Sit. Code_____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name_____

Associate's/Agent's Address_____ Telephone_____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**

Nonpayroll

Aflac's Application for Nonpayroll Life Insurance (A64000 Series)

Application to American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Policy Number

☐ New

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Occupation _____ Employee ID No. (if required) _____

Owner's Name _____ Relationship to Proposed Insured _____
(if other than Proposed Insured)

Address _____
Street or Post Office Box Apt. No.

No.

City _____ State _____ ZIP Code _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value
(\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any
nicotine delivery system? ☐ Yes ☐ No

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method

- ☐ Direct
☐ List Bill
☐ Bank Draft (B/D, ACH)
☐ Credit Card (C/C)

Mode

- ☐ 01 Monthly
☐ 03 Quarterly
☐ 06 Semiannual
☐ 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____ Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

CHECK COVERAGE DESIRED:

- ☐ Whole Life Policy (Series A64100) ☐ **Automatic Premium Loan**
☐ 10-Year Term Policy (Series A64200)
☐ 20-Year Term Policy (Series A64300)
☐ 30-Year Term Policy (Series A64500)

Issue Ages	Total Number of Units	Face Amount of Insurance
18-70		
18-70		
18-60		
18-50		

Optional Rider for the Proposed Insured Only

- ☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider

PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)

- ☐ Child Term Life Insurance Rider (Series A64053)

Issue Ages	Total Number of Units	Face Amount of Insurance
14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–16

1. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
2. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
3. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
4. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No
6. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions? ☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

7. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for: ☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 1–7 was it the: ☐ Proposed Insured ☐ Child?
If child, please list the name(s) of the child(ren)

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the child, that person is not eligible to be covered under the policy or any rider(s).

8. Is anyone to be covered currently disabled due to sickness or injury or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed? ☐ Yes ☐ No
9. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
10. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory, or neurological disorder or disease, depression, blood disorders, or a tumor or cancer? ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF QUESTIONS 8–10, COMPLETE ITEM 11 BELOW.

11. Details to Questions 8–10

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 8					
Question 9					

Question 10					
------------------------	--	--	--	--	--

12. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ (if no regular Physician, Physician last seen)	Phone Number _____
Address _____	
Date Last Seen by Physician _____	Reason for Last Visit _____

13. Are you a citizen of the United States? ☐ Yes ☐ No
If no, copies of your permanent visa or proof of permanent residence must be submitted with application.

QUESTIONS 15–16 DO NOT APPLY TO THE CHILD RIDER.

14. Have you ever engaged in or within the next two years do you intend to engage in any hazardous sports or avocations such as sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft? ☐ Yes ☐ No

If yes, list the activity and frequency _____

15. In the next two years, do you intend to travel or reside outside the United States? ☐ Yes ☐ No

If yes, where? _____ When? _____

Purpose/Why? _____

Mode of travel? _____

Length of stay? _____

16. Are you currently employed?
If yes, what is your annual income? _____

☐ Yes ☐ No

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

**INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB)
PRENOTICE**

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

Owner, if Other Than Proposed Insured _____ on _____
Date

To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**



Aflac's Application for Life Insurance (A64000 Series) Application to American Family Life Assurance Company of Columbus (Aflac) [Worldwide Headquarters • Columbus, Georgia 31999]	Policy Number <input type="checkbox"/> New
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value (\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Will the purchase of the spouse rider give your spouse more than \$50,000 total face value of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT	
Union Billing Method	Mode
<input type="checkbox"/> Direct	<input type="checkbox"/> 01 Monthly
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 03 Quarterly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> List bill	<input type="checkbox"/> 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

***Total number of units for the Proposed Insured are limited as follows:**

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine, and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for:

☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for:

☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed?

☐ Yes ☐ No

If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12-17 IF (1) YOU ANSWERED YES TO QUESTION 11 OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer?

☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No

14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ (if no regular Physician, Physician last seen)	Phone Number _____
Address _____	
Date Last Seen by Physician _____	Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

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"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

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Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

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Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

I certify that I personally saw the Proposed Insured when the application was completed, and each question was asked of the Proposed Insured and answered as recorded. All answers are correct to the best of my knowledge. To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**



Aflac's Application for Life Insurance (A64000 Series) Application to American Family Life Assurance Company of Columbus (Aflac) [Worldwide Headquarters • Columbus, Georgia 31999]	Policy Number <input type="checkbox"/> New
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Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ Height _____ Current Weight _____ SSN _____ - _____ - _____
Month/Day/Year ft. in. lbs. (optional)

Driver's License Number _____ State of Issue _____ State of Birth _____

(Write spouse's name below if spouse is applying for coverage; if no spouse or spouse will not be covered, put "N/A" or "none.")

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Proposed Insured's Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Primary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Secondary Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

E-mail Address (optional) _____

Name of Proposed Insured's Employer _____ Department No. (if required) _____

Employee ID No. (if required) _____ Occupation _____

Do you have any other life coverage, not to include group guaranteed-issue life, with Aflac? ☐ Yes ☐ No
If yes, give current policy number: _____

Will the purchase of this life insurance policy give you more than \$250,000 total face value (\$100,000 if over age 50) of life insurance coverage with Aflac? ☐ Yes ☐ No

Will the purchase of the spouse rider give your spouse more than \$50,000 total face value of life insurance coverage with Aflac? ☐ N/A ☐ Yes ☐ No

Is the purchase of this policy intended to replace any life insurance or annuity now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Union Billing Method	Mode
<input type="checkbox"/> Direct	<input type="checkbox"/> 01 Monthly
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 03 Quarterly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> List bill	<input type="checkbox"/> 12 Annual

For Bank Draft / ACH or Credit Card billing method, an Authorization Form must accompany this application.

Billable Premium \$ _____

Premium Collected \$ _____

Assoc./Agent's No. _____ Sit. Code _____

***If a check or money order is collected, please leave a temporary life insurance agreement form with the applicant and submit a copy to Aflac Worldwide Headquarters.**

Total life coverage with Aflac for the Proposed Insured cannot exceed \$250,000 (\$100,000 if over age 50).

Total life coverage with Aflac for the proposed spouse cannot exceed \$50,000.

Total number of units for the Proposed Insured are limited as follows:

- 2 to 50 units at \$5,000 per unit if age 50 or younger
- 2 to 20 units at \$5,000 per unit if age 51 or older

PLEASE NOTE: The optional spouse rider coverage equals \$2,500 per unit. The term and number of units of the optional spouse rider coverage must match the Proposed Insured's coverage, not to exceed 20 units.

Exception: If the spouse does not qualify by age for the matching term, he or she may apply for a 10-year term rider, if eligible.

CHECK COVERAGE DESIRED:	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Whole Life Policy (Series A64100) <input type="checkbox"/> Automatic Premium Loan	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 10-Year Term Policy (Series A64200)	18-70		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 20-Year Term Policy (Series A64300)	18-60		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy (Series A64500)	18-50		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

The following policies are only available to non-tobacco users:

***Total number of units for the Proposed Insured are limited as follows:**

Choose one: ☐ 5 units = \$25,000 ☐ 10 units = \$50,000 ☐ 20 units = \$100,000 ☐ 40 units = \$200,000

<input type="checkbox"/> 20-Year Term Policy With Return of Premium Benefit (Series A64400)	18-50		
<input type="checkbox"/> Spouse 20-Year Term Life Insurance Rider (Series A64051)	18-60		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		
<input type="checkbox"/> 30-Year Term Policy With Return of Premium Benefit (Series A64600)	18-40		
<input type="checkbox"/> Spouse 30-Year Term Life Insurance Rider (Series A64052)	18-50		
<input type="checkbox"/> Spouse 10-Year Term Life Insurance Rider (Series A64050)	18-70		

Optional Rider for the Proposed Insured Only

☐ Accidental-Death Benefit Rider (Series A64054)

Optional Child Rider PLEASE NOTE: \$1,250 per unit (total number of units must match the Proposed Insured, not to exceed 12 units.)	Issue Ages	Total Number of Units	Face Amount of Insurance
<input type="checkbox"/> Child Term Life Insurance Rider (Series A64053)	14 days* to 17 years		

*The Effective Date of coverage for any eligible newborn child will not begin until the later of (1) the date any eligible newborn child attains the age of 14 days or (2) the date any eligible newborn child is first released from the hospital after birth.

BENEFICIARY INFORMATION

PLEASE NOTE: We recommend that you do not name a minor child as your Beneficiary. If you name a minor child as your Beneficiary, any benefits due your minor Beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such Beneficiary reaches the age of majority as defined by your state. If there is no Beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

COMPLETE QUESTIONS 1–11

1. Are you, the Proposed Insured, actively employed with the employer listed on this application? ☐ Yes ☐ No

If you answered no to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Within the last 12 months, have you used tobacco products, products containing nicotine, and/or any nicotine delivery system?
If yes, you are not eligible for the 20- or 30-Year Term with Return of Premium Policy Form Series A64400 or A64600. ☐ Yes ☐ No
3. Within the last 12 months, has your spouse used tobacco products, products containing nicotine, and/or any nicotine delivery system? ☐ Yes ☐ No
☐ N/A
4. Within the last 12 months, has anyone to be covered been declined for medical reasons on any life insurance application? ☐ Yes ☐ No
5. Within the last five years, has anyone to be covered been convicted of a felony, been charged two or more times with operating a vehicle while under the influence of alcohol or drugs, been charged five or more times with a moving violation, or is currently on parole or incarcerated in a correctional institution? ☐ Yes ☐ No
6. Within the last 12 months, has anyone to be covered been charged with operating a vehicle while under the influence of alcohol or drugs, or does anyone to be covered currently have a suspended or revoked driver's license? ☐ Yes ☐ No
7. Has anyone to be covered ever had an organ transplant, or within the past five years been advised by or consulted with a member of the medical profession about the need to have an organ transplant? ☐ Yes ☐ No
8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for major depression, bipolar disorder; schizophrenia; or a suicide attempt, or been confined in a hospital or a mental or psychiatric facility within the last 12 months for any mental or nervous disorder? ☐ Yes ☐ No

9. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for:

☐ Yes ☐ No

heart attack	coronary artery disease and used tobacco after diagnosis
stroke/TIA	systemic lupus
atrial fibrillation	implant of pacemaker/defibrillator
heart surgery	chronic lung disease (excluding asthma)
pulmonary fibrosis	diabetes and used tobacco after diagnosis
emphysema	liver disease or disorder (excluding Hepatitis A)
multiple sclerosis	kidney disease or disorder (not including stones)
diabetes treated with insulin	
alcohol or drug abuse	
diabetes with complications to include nephropathy, neuropathy, or retinopathy	
internal cancer (to include myelodysplastic blood disorder and myeloproliferative blood disorder)	
melanoma (Clark's Level III or higher, or a Breslow Level greater than 1.5 mm)	

10. Has anyone to be covered ever been diagnosed by a member of the medical profession with or within the last five years received treatment for:

☐ Yes ☐ No

AIDS	Parkinson's disease
HIV-positive diagnosis	diabetes (Type II) diagnosed prior to age 30
cystic fibrosis	end stage renal failure
chronic renal failure	terminal condition
renal hypertension	
heart attack prior to age 40	
coronary artery disease – more than two vessels	
cardiomyopathy	
heart valve replacement or correction	
congestive heart failure	
chronic or relapsing pancreatitis	
cirrhosis of liver	

If you answered yes to any of Questions 4–10, was it the: ☐ Proposed Insured ☐ Spouse ☐ Child?
If child, please list the name(s) of the child(ren).

If a child, are there other children to be covered? ☐ Yes ☐ No

If the person named is the Proposed Insured, a policy will not be issued; therefore, do not submit this application. If the person(s) named is the spouse or a child, that person is not eligible to be covered under the policy or any rider(s).

11. Is anyone to be covered currently disabled due to sickness or injury, or in the last two years, has anyone to be covered been hospitalized two or more times or had surgery recommended that has not yet been performed?

☐ Yes ☐ No

If yes, provide details in Item 16 and continue with Questions 12–17.

PLEASE COMPLETE QUESTIONS 12-17 IF (1) YOU ANSWERED YES TO QUESTION 11 OR (2) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOU HAVING \$50,000 OR MORE OF TOTAL LIFE COVERAGE WITH AFLAC, OR (3) THE PURCHASE OF THIS COVERAGE WILL RESULT IN YOUR SPOUSE (IF APPLICABLE) HAVING \$50,000 OF TOTAL LIFE COVERAGE WITH AFLAC.

12. Has anyone to be covered ever been diagnosed by a member of the medical profession or within the past five years been treated for a heart disease or disorder (including congenital), high blood pressure (hypertension), lupus, Crohn's disease, ulcerative colitis, diabetes, kidney disease, respiratory or neurological disorder or disease, depression, blood disorders, or a tumor or cancer?

☐ Yes ☐ No

13. In the last five years, has anyone to be covered missed five consecutive days of work due to sickness (not including days missed due to childbirth)? ☐ Yes ☐ No
14. In the last five years, has anyone to be covered been treated by a member of the medical profession or had surgery at a medical facility as an inpatient or outpatient (not including treatment or surgery due to childbirth) or had surgery recommended that has not yet been performed? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING QUESTION IF APPLYING FOR THE CHILD RIDER

15. Has any child to be covered been diagnosed by a member of the medical profession or within the last five years been treated for a congenital heart defect or blood disorder? ☐ Yes ☐ No

If you answered yes to any Question 12–15, please provide details in Item 16.

16. Details to Questions 11–15

	Name of Individual(s)	Medical Condition(s)	Onset (mo/yr)	Surgery Performed or Recommended? (If yes, provide the type of procedure and date.)	For Hypertension and Diabetes, List the Average Reading (for the last three months).
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					

17. Within the last six weeks, has anyone to be covered been prescribed or taken any medication recommended by a Physician (not including prescription contraceptives)? ☐ Yes ☐ No
If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency of Intake	Date First Prescribed	Medical Condition Taken For

Your Physician's Name _____ Phone Number _____
 (if no regular Physician, Physician last seen)

Address _____

Date Last Seen by Physician _____ Reason for Last Visit _____

Additional Underwriting May Be Required.

PROPOSED INSURED'S STATEMENTS AND AGREEMENTS

I understand that the Policy Effective Date will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed.

I acknowledge receipt of, if applicable: ☐ Replacement Notice ☐ Life Buyer's Guide

I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) Aflac is not bound by any statement made by me or any associate/agent of Aflac, unless written herein; (3) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (4) the policy, together with this application, endorsements, benefit agreements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

The statements and answers in the application are the basis for policy issuance by Aflac, and no information will be considered to have been given to Aflac unless it is stated in the application.

Aflac will have no liability until (1) a policy is issued on this application and delivered to and accepted by the Owner, and (2) the first premium due is paid in full while each proposed insured is alive.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you, and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a Written Request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (Aflac) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc., formerly known as the Medical Information Bureau, consumer reporting agency, or employer.

"Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that Aflac deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, [Attn: Policy Service, 1932 Wynnton Road, Columbus, GA 31999].

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

INFORMATION REGARDING THE MEDICAL INFORMATION BUREAU (MIB) PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at [1-866-692-6901 (TTY 1-866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Aflac may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its web site at www.mib.com.

I have read, or had read to me, the completed application. I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature (X) _____

To the best of my knowledge, this policy **will** ☐ **will not** ☐ replace or change any existing life insurance or annuity policy(ies).

Associate's/Agent's Signature _____

Date _____ Associate's/Agent's Writing Number _____ Sit. Code _____

Writing Associate/Agent: Please complete the following - it will become part of the policy.
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION, 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999,
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

Associate's/Agent's Name _____

Associate's/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM].**

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED: John Policy
AGE: 35
AGENT: John Agent
 123 Writing Way
 Columbus, GA 31999

DATE PREPARED June 1, 2010
POLICY P1234567
 AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS (AFLAC)
 1932 WYNNTON ROAD
 COLUMBUS, GEORGIA 31999
 1-800-99-AFLAC

COVERAGE NAME AND DESCRIPTION:

Whole Life Male, Nonsmoker, Payroll

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM	END OF POLICY YEAR SURRENDER VALUE
Policy Year 1	\$50,000	\$642.72	\$0.00
Policy Year 2	\$50,000	\$642.72	\$0.00
Policy Year 3	\$50,000	\$642.72	\$187.10
Policy Year 4	\$50,000	\$642.72	\$622.00
Policy Year 5	\$50,000	\$642.72	\$1,075.20
Policy Year 6	\$50,000	\$642.72	\$1,546.30
Policy Year 7	\$50,000	\$642.72	\$2,035.40
Policy Year 8	\$50,000	\$642.72	\$2,541.90
Policy Year 9	\$50,000	\$642.72	\$3,065.50
Policy Year 10	\$50,000	\$642.72	\$3,606.40
Policy Year 11	\$50,000	\$642.72	\$4,164.70
Policy Year 12	\$50,000	\$642.72	\$4,741.70
Policy Year 13	\$50,000	\$642.72	\$5,340.40
Policy Year 14	\$50,000	\$642.72	\$5,964.00
Policy Year 15	\$50,000	\$642.72	\$6,612.30
Policy Year 16	\$50,000	\$642.72	\$7,284.10
Policy Year 17	\$50,000	\$642.72	\$7,978.10
Policy Year 18	\$50,000	\$642.72	\$8,692.90
Policy Year 19	\$50,000	\$642.72	\$9,427.70
Policy Year 20	\$50,000	\$642.72	\$10,179.30

AGE: 60 \$50,000 \$642.72 \$14,206.10

Accidental Death Benefit Rider	\$50,000	\$62.40
Spouse Rider	\$25,000	\$46.80
Child Rider	\$12,500	\$62.40

POLICY LOAN INTEREST RATE IS 7.4 % PAYABLE IN ADVANCE

----- COST COMPARISON DISCLOSURE -----

	10 YEAR	20 YEAR
SURRENDER COST INDEX	7.39	6.99
NET PAYMENT COST INDEX	12.85	12.85

AN EXPLANATION OF THE INTENDED USE OF THE COST INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE. THESE INDEXES ARE USEFUL ONLY FOR THE COMPARISON OF TWO OR MORE SIMILAR POLICIES.

THE POLICY MAY BE RETURNED TO THE COMPANY OR THE AGENT WITHIN 30 DAYS AFTER RECEIPT BY THE OWNER. THE POLICY WILL BE DEEMED VOID FROM THE BEGINNING AND ANY PREMIUM PAID WILL BE RETURNED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED:	John Policy	DATE PREPARED	June 1, 2010
AGE:	35	POLICY	P1234567
AGENT:	John Agent 123 Writing Way Columbus, GA 31999	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC) 1932 WYNNNTON ROAD COLUMBUS, GEORGIA 31999 1-800-99-AFLAC	

COVERAGE NAME AND DESCRIPTION:

10 Year Term Male, Nonsmoker, Payroll

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM
Policy Year 1	\$50,000	\$143.52
Policy Year 2	\$50,000	\$143.52
Policy Year 3	\$50,000	\$143.52
Policy Year 4	\$50,000	\$143.52
Policy Year 5	\$50,000	\$143.52
Policy Year 6	\$50,000	\$143.52
Policy Year 7	\$50,000	\$143.52
Policy Year 8	\$50,000	\$143.52
Policy Year 9	\$50,000	\$143.52
Policy Year 10	\$50,000	\$143.52

AGE:	60	N/A	N/A
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Accidental Death Benefit Rider	\$50,000	\$62.40
Spouse Rider	\$25,000	\$46.80
Child Rider	\$12,500	\$62.40

----- COST COMPARISON DISCLOSURE -----		
	10 YEAR	20 YEAR
SURRENDER COST INDEX	2.87	N/A
NET PAYMENT COST INDEX	2.87	N/A

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THE POLICY MAY BE RETURNED TO THE COMPANY OR THE AGENT WITHIN 30 DAYS AFTER RECEIPT BY THE OWNER. THE POLICY WILL BE DEEMED VOID FROM THE BEGINNING AND ANY PREMIUM PAID WILL BE RETURNED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED: John Policy
AGE: 35
AGENT: John Agent
 123 Writing Way
 Columbus, GA 31999

DATE PREPARED June 1, 2010
POLICY P1234567
 AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS (AFLAC)
 1932 WYNNTON ROAD
 COLUMBUS, GEORGIA 31999
 1-800-99-AFLAC

COVERAGE NAME AND DESCRIPTION:
 20 Year Term Male, Nonsmoker, Payroll

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM
Policy Year 1	\$50,000	\$159.12
Policy Year 2	\$50,000	\$159.12
Policy Year 3	\$50,000	\$159.12
Policy Year 4	\$50,000	\$159.12
Policy Year 5	\$50,000	\$159.12
Policy Year 6	\$50,000	\$159.12
Policy Year 7	\$50,000	\$159.12
Policy Year 8	\$50,000	\$159.12
Policy Year 9	\$50,000	\$159.12
Policy Year 10	\$50,000	\$159.12
Policy Year 11	\$50,000	\$159.12
Policy Year 12	\$50,000	\$159.12
Policy Year 13	\$50,000	\$159.12
Policy Year 14	\$50,000	\$159.12
Policy Year 15	\$50,000	\$159.12
Policy Year 16	\$50,000	\$159.12
Policy Year 17	\$50,000	\$159.12
Policy Year 18	\$50,000	\$159.12
Policy Year 19	\$50,000	\$159.12
Policy Year 20	\$50,000	\$159.12
AGE: 60	\$50,000	\$1,342.02
Accidental Death Benefit Rider	\$50,000	\$62.40
Spouse Rider	\$25,000	\$78.00
Child Rider	\$12,500	\$62.40

----- COST COMPARISON DISCLOSURE -----		
	10 YEAR	20 YEAR
SURRENDER COST INDEX	3.18	3.18
NET PAYMENT COST INDEX	3.18	3.18

AN EXPLANATION OF THE INTENDED USE OF THE COST INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE. THESE INDEXES ARE USEFUL ONLY FOR THE COMPARISON OF TWO OR MORE SIMILAR POLICIES.

THE POLICY MAY BE RETURNED TO THE COMPANY OR THE AGENT WITHIN 30 DAYS AFTER RECEIPT BY THE OWNER. THE POLICY WILL BE DEEMED VOID FROM THE BEGINNING AND ANY PREMIUM PAID WILL BE RETURNED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED: John Policy
AGE: 35
AGENT: John Agent
 123 Writing Way
 Columbus, GA 31999

DATE PREPARED June 1, 2010
POLICY P1234567
 AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS (AFLAC)
 1932 WYNNTON ROAD
 COLUMBUS, GEORGIA 31999
 1-800-99-AFLAC

COVERAGE NAME AND DESCRIPTION:

20 Year ROP Term Male, Nonsmoker, Payroll

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM	END OF POLICY YEAR SURRENDER VALUE
Policy Year 1	\$50,000	\$611.52	\$0.00
Policy Year 2	\$50,000	\$611.52	\$0.00
Policy Year 3	\$50,000	\$611.52	\$290.50
Policy Year 4	\$50,000	\$611.52	\$737.50
Policy Year 5	\$50,000	\$611.52	\$1,207.50
Policy Year 6	\$50,000	\$611.52	\$1,702.50
Policy Year 7	\$50,000	\$611.52	\$2,222.50
Policy Year 8	\$50,000	\$611.52	\$2,770.50
Policy Year 9	\$50,000	\$611.52	\$3,347.50
Policy Year 10	\$50,000	\$611.52	\$3,955.00
Policy Year 11	\$50,000	\$611.52	\$4,595.50
Policy Year 12	\$50,000	\$611.52	\$5,271.00
Policy Year 13	\$50,000	\$611.52	\$5,983.50
Policy Year 14	\$50,000	\$611.52	\$6,734.50
Policy Year 15	\$50,000	\$611.52	\$7,526.50
Policy Year 16	\$50,000	\$611.52	\$8,363.50
Policy Year 17	\$50,000	\$611.52	\$9,248.00
Policy Year 18	\$50,000	\$611.52	\$10,184.50
Policy Year 19	\$50,000	\$611.52	\$11,177.00
Policy Year 20	\$50,000	\$611.52	\$12,230.50

AGE: 60 \$50,000 \$1,342.02 \$0.00

Accidental Death Benefit Rider	\$50,000	\$62.40
Spouse Rider	\$25,000	\$78.00
Child Rider	\$12,500	\$62.40

----- COST COMPARISON DISCLOSURE -----

	10 YEAR	20 YEAR
SURRENDER COST INDEX	6.24	5.18
NET PAYMENT COST INDEX	12.23	12.23

AN EXPLANATION OF THE INTENDED USE OF THE COST INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE. THESE INDEXES ARE USEFUL ONLY FOR THE COMPARISON OF TWO OR MORE SIMILAR POLICIES.

THE POLICY MAY BE RETURNED TO THE COMPANY OR THE AGENT WITHIN 30 DAYS AFTER RECEIPT BY THE OWNER. THE POLICY WILL BE DEEMED VOID FROM THE BEGINNING AND ANY PREMIUM PAID WILL BE RETURNED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED: John Policy
AGE: 35
AGENT: John Agent
 123 Writing Way
 Columbus, GA 31999

DATE PREPARED June 1, 2010
POLICY P1234567
 AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS (AFLAC)
 1932 WYNNTON ROAD
 COLUMBUS, GEORGIA 31999
 1-800-99-AFLAC

COVERAGE NAME AND DESCRIPTION:
 30 Year Term Male, Nonsmoker, Payroll

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM
Policy Year 1	\$50,000	\$237.12
Policy Year 2	\$50,000	\$237.12
Policy Year 3	\$50,000	\$237.12
Policy Year 4	\$50,000	\$237.12
Policy Year 5	\$50,000	\$237.12
Policy Year 6	\$50,000	\$237.12
Policy Year 7	\$50,000	\$237.12
Policy Year 8	\$50,000	\$237.12
Policy Year 9	\$50,000	\$237.12
Policy Year 10	\$50,000	\$237.12
Policy Year 11	\$50,000	\$237.12
Policy Year 12	\$50,000	\$237.12
Policy Year 13	\$50,000	\$237.12
Policy Year 14	\$50,000	\$237.12
Policy Year 15	\$50,000	\$237.12
Policy Year 16	\$50,000	\$237.12
Policy Year 17	\$50,000	\$237.12
Policy Year 18	\$50,000	\$237.12
Policy Year 19	\$50,000	\$237.12
Policy Year 20	\$50,000	\$237.12
AGE: 60	\$50,000	\$237.12
Accidental Death Benefit Rider	\$50,000	\$62.40
Spouse Rider	\$25,000	\$109.20
Child Rider	\$12,500	\$62.40

----- COST COMPARISON DISCLOSURE -----		
	10 YEAR	20 YEAR
SURRENDER COST INDEX	4.74	4.74
NET PAYMENT COST INDEX	4.74	4.74

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INSURED: John Policy
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 AMERICAN FAMILY LIFE ASSURANCE
 COMPANY OF COLUMBUS (AFLAC)
 1932 WYNNTON ROAD
 COLUMBUS, GEORGIA 31999
 1-800-99-AFLAC

COVERAGE NAME AND DESCRIPTION:
 30 Year ROP Term Male, Nonsmoker, Payroll

YEAR PAYABLE	DEATH BENEFIT	BASIC ANNUAL PREMIUM	END OF POLICY YEAR SURRENDER VALUE
Policy Year 1	\$50,000	\$517.92	\$0.00
Policy Year 2	\$50,000	\$517.92	\$0.00
Policy Year 3	\$50,000	\$517.92	\$0.00
Policy Year 4	\$50,000	\$517.92	\$200.00
Policy Year 5	\$50,000	\$517.92	\$468.00
Policy Year 6	\$50,000	\$517.92	\$750.00
Policy Year 7	\$50,000	\$517.92	\$1,046.50
Policy Year 8	\$50,000	\$517.92	\$1,358.50
Policy Year 9	\$50,000	\$517.92	\$1,687.00
Policy Year 10	\$50,000	\$517.92	\$2,033.00
Policy Year 11	\$50,000	\$517.92	\$2,397.50
Policy Year 12	\$50,000	\$517.92	\$2,782.00
Policy Year 13	\$50,000	\$517.92	\$3,187.50
Policy Year 14	\$50,000	\$517.92	\$3,615.00
Policy Year 15	\$50,000	\$517.92	\$4,066.00
Policy Year 16	\$50,000	\$517.92	\$4,542.00
Policy Year 17	\$50,000	\$517.92	\$5,045.50
Policy Year 18	\$50,000	\$517.92	\$5,578.00
Policy Year 19	\$50,000	\$517.92	\$6,142.50
Policy Year 20	\$50,000	\$517.92	\$6,741.50
AGE: 60	\$50,000	\$517.92	\$10,373.00

Accidental Death Benefit Rider	\$50,000	\$62.40
Spouse Rider	\$25,000	\$109.20
Child Rider	\$12,500	\$62.40

POLICY LOAN INTEREST RATE IS

7.4 % PAYABLE IN ADVANCE

----- COST COMPARISON DISCLOSURE -----		
	10 YEAR	20 YEAR
SURRENDER COST INDEX	7.28	6.47
NET PAYMENT COST INDEX	10.36	10.36

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